‘On being held captive by the unwelcome guest’. NCS practitioners’ experiences of working with the victim-self.

Sheila J Peelo

Middlesex University and Metanoia Institute

Doctorate in Counselling Psychology and Psychotherapy by Professional Studies

2016

ABSTRACT

This research was set up in order to examine therapeutic practice with victimisation relating to clients abuse as children. The central concern of the study focused on how the victim aspect of the self, or the 'victim-self', impacts therapeutic practice and what the corresponding practitioner response is. This interaction provides clues to the way practitioners construct victimisation and whether this contributes to the client's victim-self and victimisation. The second important concern of the project was to evaluate the learning achieved through collaborative researching.

Taking a participatory action research approach to researching, I set up a co-operative inquiry group with five counsellor/therapist colleagues in the National Counselling Service in Ireland. The inquiry group's stated aim was to change practice relating to the victim-self presentation. The inquiry and evaluation transcripts were analysed using a constructivist grounded theory method and preliminary findings were presented to the group for consultation and revision, in keeping with the multi-voiced philosophy of co-operative inquiry. Preliminary and intermediate findings were presented to my peers at conference to further develop their credibility and trustworthiness.

The findings indicate that practitioners constructed the victim-self as a positional phenomenon, which acts both internally and in the world to protect, defend and control. The victim-self positions frequently exert a bind on practitioner agency resulting in urgent actions.

The study revealed that practitioners moved through a stage process in addressing the bind. As a consequence, practitioners found a change in agentic functioning and empathic connection to victimisation.

The findings suggest that the victim-self is poorly understood psychologically. Furthermore, there is a gap in awareness about the potential for practitioners to contribute to victimisation and further reduce client agency. It further suggests that therapeutic practitioners require specific forms of supervision in order to manage and transform the impact upon them of victimisation.

Acknowledgements

To my husband Paul for his love, steadfastness and belief in me.

To my supervisors Dr Patricia Moran for her patient and attentive encouragement and Professor Vanja Orlans for her selfless ambition.

To the research group for their generosity of spirit and courageous participation.

To my clinical supervisor Paula Birmingham for her inspirational tenacity.

Finally, to Dr Michael Carroll, a mentor and teacher, without whose generous support I would never have done this.

LIST OF TABLES **6**
GLOSSARY **6**
CHAPTER 1 ..... **8**
1.0 INTRODUCING THE VICTIM-SELF 8
1.1 FIRST CONTACT-SURVIVOR 8
1.2 MY PRACTICE JOURNEY 8
1.3 THE VICTIM-SELF COMES FOR THERAPY 11
1.4 EARLY THOUGHTS ABOUT RESEARCH 12
1.5 BRIEF OVERVIEW OF THE STUDY 13
CHAPTER 2 ..... **14**
2.0 THE VISIBLE VICTIM IN LITERATURE 14
2.1 ABUSE EFFECTS 14
2.4 COUNTERTRANSFERENCE (CT) 17
2.8 THERAPEUTIC PRACTICE ISSUES 20
2.10 THE VICTIM-SELF AND MY PRACTICE 24
2.11 CONCLUDING COMMENT 27
2.12 RESEARCHING AND RESEARCH QUESTIONS 27
CHAPTER 3 ..... **29**
3.0 METHODOLOGY: DISCOVERING THE VICTIM-SELF THROUGH INQUIRY 29
3.1 RATIONALE 29
3.2 TYPES OF ACTION RESEARCH 32
3.3 CHALLENGES OF CO-OPERATIVE INQUIRY 36
3.4 PILOT STUDY 38
3.5 RESEARCH PLAN 41
3.6 ETHICAL CONSIDERATIONS 46
3.7 ISSUES OF TRUSTWORTHINESS 49
3.8 DATA 52
3.9 DATA ANALYSIS 52
CHAPTER 4 ..... **58**
4.0 THE PROJECT: DISCOVERING THE VICTIM-SELF 58
4.1 MEETING ONE 58
4.2 MEETING TWO 60
4.3 MEETING THREE 62
4.4 MEETING FOUR 63
4.5 EVALUATION 64
4.6 ANALYSIS 65
4.7 CONSULTATION 67
4.8 CONCEPTUALISING AND CONSTRUCTING THEORY 69
CHAPTER 5 ..... **72**
5.0 FINDINGS: MAKING SENSE OF THE VICTIM-SELF 72

5.1 THE THEORY 73
5.2 CATEGORY 1 THE BADGES OF VICTIMISATION 77
5.3 CATEGORY 2 ALWAYS IN A BIND 86
5.4 CATEGORY 3 ADDRESSING THE BIND ON AGENCY 100
5.5 THE CHANGES GENERATED THROUGH PARTICIPATIVE RESEARCHING 114
5.6 THE INQUIRY GROUP AS LEARNING TOOL 121
6.0 DISCUSSION 124
6.1 CONSTRUCTIONS OF VICTIMISATION 125
6.6 STRUGGLE WITH AGENCY 134
6.7 WORKING WITH AGENCY SWITCHED-OFF 138
6.8 LEARNING THROUGH PARTICIPATION 142
6.9 CO-OPERATIVE PROCESS AND TRANSFORMATION 146
6.10 SHORTCOMINGS OF THE RESEARCH 147
6.11 FURTHER RESEARCH 148
CHAPTER 7 150
7.0 CONCLUSION 150
7.0.1 Co-operative Inquiry as Method 150
7.0.2 Transforming through the inquiry process 151
7.1 IMPLICATIONS FOR THEORY AND PRACTICE 151
7.1.1 General Implications 151
7.1.2 Implications for Supervision and Consultation 152
7.1.3 Implications for Training 152
7.1.4 Implications for Counselling Psychology Practice with Victimisation 153
7.2 REFLECTIVE COMMENTARY 153
7.3 FINAL COMMENT 157

LIST OF TABLES

Table 1. Pilot Study Findings……..39

Table 2. A grid of power……..41

Fig 1 Data Analysis Process……65

Fig 2 The Badges of Victimisation and their Influence on Agency.……73

Fig 3 Cluster 1, the Victim as Badge..……...74

Fig 4 Cluster 2, the Bind on Agency.……..75

Fig 5 Cluster 3, Addressing the Bind on Agency……76

Fig 6 Depicting the 4 sub categories of category 1……77

Fig 7 Depicting the 4 sub-categories of category2……..86

Fig 8 Depicting the 4 sub-categories of category 3……100

Fig 9 Depicting the categories and subcategories of collaborative learning.……..114

GLOSSARY

Several of the words and terms used in this study have specific meanings which warrant some explanation.

Cold Child: refers to a therapeutic experience and perhaps a psychodynamic interpretation of practice. The cold child refers to that aspect of the child in the adult client who appears to be emotionally cold or cut off or defended. It is a practitioner experience I have encountered on several occasions with this client group in particular.

Frame Instigator: this refers to a role connected to the inquiry group initiator. The initiator of the inquiry helps to create the inquiry frame which may be entirely new to those who participate in the process. Creating the frame involves leading, informing, facilitating, contracting and letting go. Heron and Reason (1999b) refer to specific tasks instigators undertake in order to set the inquiry up initially.

Victim-self: this refers to the victim part of human identity which arises in a relational context. The victim-self is described as an aspect of the self because it refers to the way the person responds interpersonally. Dahl (2009) maintains that victim is a relational concept as it indicates a misfortune. However, the victim-self attempts to describe human intention and the dynamic way this functions internally and socially.

Agency switched-off: The idea of agency in this study assumes the ideas of: a capacity to act and to also have impact through acting. It comes close to Giddens (1993, in Dahl 2009) definition. Therefore, agency switched-off refers to the experience of the helper dealing with the victim. The capacity of the person to take appropriate (or any) action which is in their own interest seems faulty or not functioning. It further implies that agency can be switched on again, which is the helpers talk.

Responsive Containment: containment as a psychotherapeutic concept often refers to an unspoken practitioner capacity to be present and hold the client amid distress, anxiety and conflict. In this study responsive containment refers to a capacity to be present to and hold the client emotionally and also react and respond. This is specifically related to being present to the victim-self and the intersubjective experience of powerlessness.

Bystander Frustration: witnessing the victim experience is considered to be an important therapeutic task (Blackwell, 1997; Fisher, 2005; Kahn, 2006; Etherington, 2009). However, when change appears to be continuously stalled in the therapeutic work, the therapist is then in the position of being a frustrated bystander to agency switched-off. Bystander frustration was a common reaction, experienced by all inquiry participants.

Intersubjectivity: refers to the connectedness of human experience and to the basic social origins of the self or the ego. It has implications for psychoanalytic thought because it rejects the mechanistic idea of the ego and takes a relational perspective on the development of the self. In terms of therapeutic practice, I am using it here in order to make an epistemological point about the relational nature of experience rather than the isolation of human experience. This implies that there is considerable sharing of experience also in the therapy encounter.

CHAPTER 1
1.0 INTRODUCING THE VICTIM-SELF

1.1 FIRST CONTACT-SURVIVOR

I first joined the National Counselling Service (NCS) in Ireland in 2002, which was set up to provide counselling and psychotherapy to survivors of childhood institutional and sexual abuse. The service was primarily established as a form of redress following An Taoiseach, Bertie Ahearn's apology to survivors of Ireland's institutional care system. The therapy service gave priority to clients who were survivors of those institutional 'regimes' that valued control above dignity. Along with the National Counselling Service, a formal investigation process was established to inquire into Institutional Abuse in Ireland and make financial compensation to survivors. This was an exciting undertaking that publicly acknowledged abuse and suffering by state run institutions. The survivors had a formal space in which to tell their story and that made them special.

To be a survivor, it seemed to me, captures an heroic quality that the label victim does not. Microsoft Encarta Dictionary (2007) describes survivor as: "someone who survives something, someone with great endurance and someone who seeks to overcome the effects of trauma". Surviving some past trauma then, is not only true for National Counselling Service clients, but it is required and has been realised by all those who contact and attend the service. In other words, surviving is an unquestioned description of clients of the National Counselling Service. It appears to confer dignity because it implies heroism and 'surviving the odds', something enshrined in first and second National Counselling Service reports, Survivors Experiences of the National Counselling Service (SENCS) (Leigh, 2003) literature and service policies.

1.2 MY PRACTICE JOURNEY

The National Counselling Service created a counselling/psychotherapy grade which differed from the existing counselling grades within the Health Service. Potential clinical practitioners needed to have a professional background in medicine, nursing, social work or psychology along with recognised clinical training in counselling/psychotherapy with at least two years post qualification experience. The aim was to establish a high quality

psychotherapeutic service which would meet the complex requirements of the client group.

Joining the service perhaps stemmed from my passion for social justice, although perhaps unacknowledged by me. After several years teaching refugees and asylum seekers in the UK further education sector, and then working as a psychologist in the National Health Service, I had a developed a strong commitment to public service. The Commission to Inquire into Childhood Abuse in Ireland was an initiative that attempted to enact the Universal Declaration of Human Rights in addressing the needs of survivors of historical sexual abuse. The many survivor groups across the country being the vocal lobby and conscience of the nation; putting pressure on the government of the day to act. The socio-political context of the National Counselling Service attracted me and my belief in public service psychology because I saw a country open to confronting its secretive and oppressive history.

After some years with the National Counselling Service, I began to develop a kind of professional crisis. It seemed that whatever interventions I used failed to produce any therapeutic progress. Despite attending continuous professional development with known experts, I still saw no improvement in therapy outcome. Problem solving approaches inevitably ended up as 'reporting in' meetings, and reflecting generated discussion which seemed to go nowhere. Though clients clearly communicated their distress, therapeutic work nevertheless felt stalled, futile or inappropriate and I began to feel increasingly unsure about the appropriateness of the most fundamental skills such as: empathic reflection, challenge and problem-solving. Somehow my work felt constrained, ineffective, and unempathic. At the same time, I was also becoming aware of the confusion that lay at the heart of the judicial redress for abuse survivors that left many clients in a perpetual state of victimisation.

The state set up a redress process for survivors of institutional abuse. Compensation was granted on the basis of a set of criteria and if contested, the survivor had to face a tough investigative process which resembled a court. Survivors were also bound to secrecy regarding the amount of their compensation and could not thereafter make any further claim via the civil court system. Survivors of non-institutional abuse however, had to seek redress independently via the civil court system. This was particularly problematic because

of the role and power of the Deputy of Public Prosecutions (DPP) and the historical nature of these claims. Whilst the National Counselling Service served all survivors of abuse but prioritising the institutional survivors, in effect a two tier system of justice began to emerge by the establishment of the State Commission to Inquire into Child Abuse. Those abused outside of an institution were less likely to achieve any judicial redress but constituted the vast majority of clients attending my service. The institutional clients, who were at least spared the process of the Deputy of Public Prosecution, nevertheless were experiencing a kind of rough justice through the process. I could not ignore this unintended consequence and the apparent injustice being created. It then made me wonder whether victimisation was playing a role in my practice difficulties.

When reviewing some of the National Reports, I notice that the First Conjoint Report- Working Together for Change (2002), uses the terms 'victim' liberally to describe the service users, whereas the Strategic Framework Document (2008) mainly describes the client group as 'survivors'. My own developing awareness had shifted from the description of 'survivor' to 'victim' and this appears diametrically opposite to the National Counselling Service emphasis. More recently, there had been a focus on positive mental health as a central aim of the therapeutic service, and perhaps the label victim does not fit with that since positive mental health is bound up with the 'cycle of abuse' theory, (Croghan and Miell 1999). Organisationally, there had been a natural evolution from recognising the needs of victims, as enshrined in the Conjoint Report, to developing a service philosophy, as in the Strategic Framework Document (2008, p. 15). The latter states that the emphasis is on helping clients *"to cope better with their life and relationships, now in the present and on into the future".* This present/ future focus is suggestive of a survivor approach. Davis' (2006), describes survivor therapy in terms of reconstruction of the client's identity and is implicitly present/future focused. For Davis, the past or victim's story is part of the work but as a springboard towards reconstruction i.e. the survivor's story. This approach has considerable merit in that it articulates 3 separate phases to therapy with this client group: the victim story, the survivor story, and the thriver story. It seemed as though the National Counselling Service was also evolving in that direction and began to focus service provision on the survivor phase i.e. the future direction.

Most clients however seemed faced with the prospect of not achieving justice for crimes committed against them as children, whilst the therapeutic redress service was focusing on the survivor/thriver approach to their experience. I wondered if there might be a conflict here between the social/political realities for very many clients versus the expert's view on what constitutes getting better. I wondered whether my practice might be playing a role in the client's lack of progression. Perhaps there was some conflict between the client's inability to access justice and my own therapeutic focus. I wondered too if my therapy practice itself might be adding to the sense of injustice rather than alleviating it.

1.3 THE VICTIM-SELF COMES FOR THERAPY

There seems to be an uneasy struggle between the survivorist approach to therapy and the facticity of victimisation. It seemed to me that the victim aspect of the client is so challenging to practice, because I experience several contradictory feelings and thoughts such that finding an adequate response became difficult. These 'tugs' on my practice have forced me to ask very basic questions about working with this client group, such as: what is an ethical, moral and just response? Is therapy even an appropriate response to victimisation with this client group? Would some other intervention be more beneficial? Could this reflect my own confusion about the dichotomy implied by either label? After working with three clients in particular, I was left quite uneasy and uncertain about whether the therapy process was even a just response. As I reflected on the feelings I was left with, I visualised a half live zombie creature tentatively enter my room as though seeking help. The experience was quite stark, a little frightening and I wondered whether it related to my therapeutic experience with these clients. I found myself unable to banish this creature from my mind over a number of weeks and months and felt pulled between sympathy, fear, dismissal and anger. I named this uninvited guest the 'victim-self' as it seemed to represent my struggle to better understand the part victimisation might well be playing in my therapeutic work with this client group. I also wanted to avoid objectifying the experience of victimisation and realised that there is no word which conveys this.

1.4 EARLY THOUGHTS ABOUT RESEARCH

At first, the victim-self seemed to be a kind of countertransference that the trauma stories might be triggering. Though I had become accustomed to the horror of abuse stories, it was nevertheless intriguing that I was now having such a profound reaction in the form of a zombie-like vision. What was newer to my practice however, was my awareness of the apparent dichotomy in judicial response to historical child abuse. Newly set up, was an entire process to address institutional abuse. However, there were limits to the redress, in the form of a specific 'list' of institutions. Whilst recognising that the list was drawn up on the basis of evidence of abuse, nevertheless a whole group of survivors remained outside that 'list' and unacknowledged. The power, and (at that time), the secrecy of the DPP left many survivors without access to redress.

I also began to wonder about my own conception of victim. I reflected on whether I might be contributing to the construction of the victim-self in the therapy, through subtle patronising of the powerless client or ignoring the lack of access to justice. When I began to examine this more closely, I felt those same conflicting 'tugs' on practice and I wondered whether I had lost clinical objectivity and was over identifying with the client. I also wondered whether my experience was shared across the service and whether my colleagues also struggles with, what seemed to be, a two tiered justice system. Perhaps they had ideas on how to work successfully with the victim presentation. It occurred to me that this might be a useful subject to research rather than simply raise in supervision. By researching we might be able to discover fresh thinking on victimisation and improve practice.

I had been reflecting on my own therapeutic work for several months, and by now was beginning to formulate questions. What particularly concerned me was whether practitioners might be contributing to the construction of victimisation in clinical practice and I devised the following two questions.

- How do therapy practitioners talk about victimisation and victimhood with this client group?
- What do these constructions tell us about how we work with the victim in therapy?

I was also interested in becoming more aware of the ways victimisation affected practitioners, and whether this became mirrored in the therapeutic response; which generated the following questions:

- How is practice affected by the client's victim-self?
- What changes can researching bring about to practice with the victim-self?

1.5 BRIEF OVERVIEW OF THE STUDY

This study represents my exploration of the victim-self, conducted together with other intrepid colleagues. We were explorers into a virtual unknown equipped with only experience, curiosity and the possibility of discovering something new.

Chapter 2 investigates the victim in the literature, covering a broad area from criminology to psychology to victim personal accounts. An outline of the chosen research method is next (chapter 3), outlining: the rationale, research plan, data analysis and the research process itself. The findings are presented in chapter 4, followed by the discussion (chapter 5) which looks again at existing literature in relation to the findings. The final chapter (6) reflects on the implications this study has for psychology and psychotherapy practice generally.

CHAPTER 2
2.0 THE VISIBLE VICTIM IN LITERATURE

2.1 ABUSE EFFECTS

The available literature on the subject of victims of abuse is vast, and falls into several basic categories: abuse effects and symptomology, vicarious traumatisation (VT) and burnout, post-modern approaches to research and post-traumatic growth.

Brown and Finkelhor's (1986) seminal review of research in this area reliably verified the initial damaging effects of childhood abuse and also gave victimisation a hopeful status by stating that its effects are not necessarily enduring. The response to this work spawned a cascade of research that seemed to demonstrate that the long-term effects of victimisation were indeed noxious (Finkelhor, 1990; Macmillan, 2001) and varying (Kendall-Tackett et al., 1993). Macmillan (2001), along with others (O'Reilly and Carr, 1999; Tyler et al., 2001; Jackson and Deye, 2015), describes the implications of childhood abuse for mental ill health, Ryan (1989) for deviance, and Menard (2002) for educational failure and socioeconomic disadvantage. More recently, meta-analyses (Maniglio, 2009; de Jong et al., 2015;) have likewise concluded in general that childhood sexual abuse should be deemed a risk factor for later psychopathology but not in all cases and specifically as a barrier to fulfilling adult roles. However, the focus of much of this research is on 'abuse effects' and whilst valuable, creates its own problems. De Jong et al., (2015) however, have attempted to link abuse effects to survivors' transition to adulthood. Whilst it broadens the knowledge base to some extent, nevertheless they conclude definitively that the *'consequences are long term and pervasive'* (p. 185). The vindication of the victim that seemed so clear in earlier research (Brown & Finkelhor, 1986; Finkelhor, 1990) became problematised through the lens of the intergenerational hypothesis (Croghan and Miell, 1999) which had become the principle focus of child abuse work. The construction of victimisation had become more complex and according to Croghan and Miell (1999), deterministic. They maintain that parents who disclose that they were abused in childhood run the risk of being viewed as victims and potential abusers by those in authority. Therefore, the 'abuse effects' theory had implications for the victim's identity as parent.

2.2 VICTIM-OFFENDER

There is a wealth of evidence to suggest that there is a link between child sexual abuse and later sexual offending (Ryan, 1989; Croghan and Miell, 1999; Tyler et al., 2001; De Lisi et al., 2014; Lambie and Johnston, 2015). Though the link is now widely accepted, it is nevertheless described as far from inevitable but one of a number of adverse outcomes. In fact Jasperson et al., (2009) concluded that being a child victim of sexual abuse is *"neither a sufficient nor a necessary condition"* for later abuse (p. 190). Nevertheless, the establishment of the cycle- of-violence theory in research means that victimisation now suggests the possibility of deviance. The isolation that victims feel because of their ordeal, along with their invisibility in the justice system, is intensified. Appleton (2014) asserts that delay in reporting sexual crimes means that victims are less visible in crime data and therefore within society. Victimisation becomes a shameful state and something to be hidden, as a result. Achilles and Zehr (2001) describe victimisation as a crisis that can be subdivided into: *"the crisis of self- image (who am I?), a crisis of meaning (what do I believe?) and a crisis of relationship (who can I trust?)"* (p. 2). When victims are viewed as *"involuntary participants"* (Achilles and Zehr, 2001), "*consenting active agents making choices"* (Appleton, 2014 p. 155), as well as potential abusers, then the crisis of the crime is perpetuated; locking the victim into a potentially traumatising relationship with the world. Hiding becomes, perhaps, the only safe position victims can take up.

2.3 TRAUMATIC STRESS

Charles Figley began to develop early theoretical work on the phenomenon of compassion fatigue also known as secondary traumatic stress, (Figley, 1982). He describes it as *"a function of bearing witness to the suffering of others"* (Figley, 2002, p. 1435). Furthermore, he conceptualised levels of victimisation: primary, secondary and even tertiary victimisation (Walklate, 2007). This work opened up another strand of research which focused on the hidden victims (Iliffe and Steed, 2000). Mc Cann and Pearlman (1990) developed the concept of vicarious traumatisation referring to the harmful changes occurring in helpers i.e. secondary victims, as a result of directly working with traumatised clients. They assert that the changes are pervasive, cumulative and permanent (Iliffe and Steed, 2000; Baird and Kracen, 2006; Figley, 2010; Joseph, 2011; de Jong et al., 2015). The

connection between the trauma symptoms observed in the suffering client and then in the professional carers began to be acknowledged (Bride, 2004) and validated by DSM1V (Sommer, 2008). Whilst widely accepted by the therapy community (Wilson and Lindy, 1994; Pearlman and Mac Ian, 1995; Pearlman and Saakvitne, 1995; Saakvitne, 2002; Bride, 2004; Etherington, 2009), the evidence base for the existence of both these concepts remains somewhat uncertain nevertheless. Chouliara et al., (2009) maintain that the threat posed to practitioners from vicarious traumatisation is still inconclusive. According to Harrison and Westwood (2009), vicarious traumatisation and secondary traumatic stress are the same phenomenon and Baird and Kracen (2006) conclude that the lack of clarity between these constructs makes them difficult to research reliably. Indeed secondary traumatic stress, as reported by trauma therapists, might not even be a pathological response to trauma according to Gil (2015) who suggests a strong link between it and post traumatic growth.

As a result of the wealth of research studies, the emphasis began to shift from suffering victim (Figley, 1983, 2002) to victim as a source of contagion and by implication, dangerous. As Brockhouse at al., (2011) conclude, professionals may well be more attuned to the negative effects of trauma but less aware of the *"potential for growth"* (p. 7). Trauma and the resultant stress nevertheless became the intervention focus for practitioners i.e. incest resolution therapy (Haaken and Schlaps, 1991), survivor therapy (Walker, 1994) ATT technique (Murtagh, 2010). These approaches to practice offered a way of working with victims and helping prevent chronic problems later in life. What stands out in the literature, nevertheless, is the emphasis on trauma effects, which has tended towards distilling the victim experience into: degrees of abuse (Lemelin, 2006), the diagnostic approach (Haaken and Schlaps, 1991) and preventing contagion (Figley, 2010). From this standpoint, the social depiction of victimisation tends towards dangerous contagion; a label which may well blur the suffering of the victim since the focus moved to the surrounding community. As Benedek (1984) tells us, the clinician's response has been *"to identify a syndrome"* (p. 49) rather than understand the victim, as such perhaps it is easier for society to deal with *"actual victimisation"* (Davis, 2005, p 262) than understand what it means to be victimised. Walkalte and Petrie's (2015) recent very interesting article addresses the way societal institutions deal with tragedy. The visual representations of tragedy cast the public as witnesses but also deflect from the suffering of victims through

constant analysis and professional scapegoating. There is perhaps a case to be made here for public compassion fatigue

2.4 COUNTERTRANSFERENCE (CT)

Countertransference is distinguished from secondary traumatic stress because it concerns the therapy process and therefore the person of the therapist. In a more total sense, countertransference is defined as including the therapists' objective and subjective reactions and responses. Whereas secondary traumatic stress originates from the professionals' exposure to trauma and their efforts to help the traumatised person. Figley maintains that secondary traumatic stress can also include countertransference (Sexton, 1999). Strawderman et al., (1997), Couper (2000) and Pearlman and Saakvitne (1995) provide evidence from clinical practice which persuasively depicts the workings of countertransference in some detail. These authors emphasise the learning, development and therapeutic gains that accompany acknowledging and dealing with countertransference. The emphasis, from a transference perspective, is on the relational and the skill of the therapeutic response. The victim is socially constructed as challenging; capable of deep emotional communication – often without words – and stretching the clinicians' empathic limits. Nevertheless, Wilson and Lindy (1994), Walker (2004), Etherington (2009) and Gibbons et al., (2011) also warn of the harm countertransference can cause if unrecognised. Sexton (1999) and Carroll and Walton (1997) assert that work places need to address countertransference and vicarious traumatisation to prevent the whole organisation being adversely affected. While Gibbons et al., (2011) also found that social workers reactions to client trauma can be positive as well as negative, they linked it to specific factors: feeling valued and job satisfaction. A supportive organisation goes a long way toward ameliorating the more negative effects of traumatic countertransference responses and may even promote post traumatic growth.

Countertransference is often described as a hidden dynamic that functions to avoid and deny (Benedek, 1984; Gibbons et al., 1994; Wilson and Lindy, 1994; Couper, 2000; Iliffe and Stead, 2000; Carroll and Walton, 1997; Etherington, 2009). These authors imply that it is deeply human to identify and feel with the other. The construction of the victim then is of someone experiencing 'unbearable' suffering that may or may not give rise to harmful contagion and might even promote vicarious post-traumatic growth.

2.5 A POST-MODERN PERSPECTIVE

In contrast, there are the postmodern approaches. Of importance here is the voice of the afflicted rather than the expert solution and the recovery industry (Naples, 2003). Wade (1997, p. 24) suggests that the ordinary way victims resist violence is *often "ignored or recast as pathology"* by professionals. Victims, however, often conceal the ways they attempt to resist violence, in order to remain safe. Such a formulation suggests agency and responsibility rather than passivity and helplessness. Kim Etherington (2005) stresses the resources victims deploy in order to survive their ordeals and how therapy can respond to these to encourage healing. Lemelin (2006) talks about moving the prevailing discourse away from master narratives and towards local stories, pointing out the shortcomings in research methodologies that contribute towards constructing the abuse victim in terms of the cycle-of-abuse theory. This body of research attempts to reinstate the subjectivity of the victim and draws attention to the contexts of power that facilitate child abuse (Croghan and Miell, 1999). These personal accounts provide research with rich data and create space for professionals to consider posttraumatic growth (Etherington, 2009). They attempt to reconstruct the victim as agentic and contribute to understanding victimisation by making suffering visible without reducing it to either martyrdom or abnormality. Etherington (2005, 2009), however, acknowledges the diagnostic and trauma perspectives associated with abuse work and therefore manages to straddle the tension between these opposing epistemological positions. Nevertheless, emphasising post traumatic growth can appear to be adopting a positive psychology approach at the expense of acknowledging victimisation and absence or lack of justice. Skilful recognition of post traumatic growth needs to be integrated into a system of therapy that does not squeeze out victimisation and injustice.

2.6 POST TRAUMATIC GROWTH

Post-traumatic growth is a relatively new idea in psychology and first articulated by Tedeschi and Calhoun (1995). It refers to the phenomena *"that positive changes can arise from the encounter with trauma"* (Calhoun et al., 2014, p. 4). The research shows that the positive changes which occur following adversity fall into three main categories: a change in self-perception, a positive change in relationships and a change in philosophy of life

(Woodward and Joseph, 2003; Joseph, 2009; Gibbons et al., 2011; Calhoun et al., 2014; Joseph, 2015).

What is particularly interesting about this concept is that is appears to exist for a significant number of adversity survivors despite distress and suffering (Calhoun et al., 2014; Joseph 2015). The victim, from this perspective, has the capacity for change and is not depicted as static.

On the one hand, the concept of post traumatic growth might easily cast the victim as a person still suffering from the traumatic effects and may not yet be able to embark on the 'journey' as Joseph (2011) puts it. On the other hand, Joseph (2011) also suggests that therapy which promotes growth is less about technique and more about the quality of the client therapist relationship; those therapist qualities which affirm and support the client's *"basic psychological need for autonomy, competence and relatedness"* (p. 160). The victim therefore might require a specific intervention which is growth promoting.

The effect of an absence of justice on victims is not addresses by the concept of post-traumatic growth. What is implied however, is that the victim disposition is a consequence of suffering adversity. Emphasis, therefore is placed on empowering the client to take responsibility for their own recovery rather than be a recipient of a treatment. This makes a post traumatic growth approach also political because it places importance on practice which is client led.

2.7 VICTIMISATION AND CRIMINOLOGY

Studies of criminology and victimology have long been occupied with the victim; mainly in terms of how it relates to the administration of justice. The concept of victim has been reconstructed and revised over the years in line with several epistemological lenses and political agendas. Initially it was seen as adjunct to the more important issue of deviance (Howarth & Rock, 2000), problematic because of what it renders invisible about women i.e. their agency (Janoff-Bulman and Frieze, 1983; Walklate, 2007) and that it blurs the distinction between innocence and wrong-doing since both defendants and complainants can be victims (Walklate, 2007; McEvoy and McConnachie, 2013; Walklate, 2013). Latterly, however, criminology has also begun to accept the idea of primary and secondary victims

(Howarth and Rock, 2000; Walklate, 2007; McGarry and Walklate, 2015). This acceptance acknowledges the complexity of crime and recognises the scope of its impact. To be victim then is not just a politically useful term but a legitimate status that captures *"suffering, loss and deprivation of agency and innocence"* (Howarth and Rock, 2000, p. 72). More recent thinking has included the idea of indirect victimisation (McGarry and Walklate, 2015) and the idea that we are all witnesses by virtue of being exposed to visualisations of trauma or the traumatised. Making the suffering of the victim visible in this way can also paradoxically blur the individual experience as victimisation becomes a political and rhetorical tool.

Janoff-Bulman & Frieze (1983) acknowledge the problems in the label 'victim' but nevertheless believe that it is a useful source of relief from self-blame for victimisation. They also suggest that the concept of victim includes the idea of strength and resourcefulness, since victims develop ways of coping with their experiences. Gibbons et al., (1994) on the other hand, suggest that victim neither captures the complexity of the situation nor the *"richness of his or her full personhood"* (p. 211), whilst Walklate (2007) suggests that the claim to victim status serves a socio-political agenda, namely redress.

What seems clear from the literature is the utilisation of the term victim for socio-political ends. Often, the suffering victim remains hidden (Mc Garry and Walklate, 2015). However, the manipulation of the label over time has illuminated the complexity of victimisation. Whether this has resulted in changed practices towards the victimised is unclear. Restorative justice, though an important step forward in terms of victim visibility, can, in practice, be less than empowering for victims (Hoyle and Young, 2002; Stubbs, 2007; McEvoy and McConnachie, 2013) but retain focus on the offender while shifting a sense of personal responsibility for wrong-doing from the perpetrator to both victim and perpetrator.

2.8 THERAPEUTIC PRACTICE ISSUES

Therapeutic practice with victims is a given since very many clients are victims (Janoff-Bulman and Frieze 1983; Gibbons et al., 1994). For Wade (1995, 1997), there is no victim without resistance and that assertion immediately reconstructs victims as agentic, in

contrast to the more usual helpless and hopeless formulation (Etherington, 2005; Coats and Wade, 2007). Practitioners and researchers alike often favour the label survivor in talking about this group mainly because it moves attention away from this very notion of helplessness and its gendered implication (Walklate, 2007; McGarry and Walklate, 2015). Indeed practitioners and researchers alike often refer to the survivor rather than victim, as a means of emphasising agency and equality. Benedek's (1983) article, however, illuminates the professional distancing tactics that are invoked by the label survivor and she suggests that, as a result, the victim is subtly blamed. Munroe and Randall (2007) likewise describe the term survivor as a metaphor for professional safety and self-control. The victim experience therefore, tends to be glossed over and so the subjective experience of victimisation and the victim-self are rendered invisible. Stromwall et al.,'s (2013) resent research sheds further light on what may mediate such victim-blaming. They suggest that people's belief in a just world (BJW) is significantly correlated with victim-blaming.

Part of the problem is, that if the survivor conveys heroic transcendence and future directedness, then the victim returns us to the suffering and injustice of the past. Davis's (2005) therapy approach is not trauma focused but is transformational, from present victim narrative to survivor and thriver narratives; the aim, perhaps, being to avoid determinism which may fix the client into a category/narrative and thereby impede the change process. There is, nevertheless, a tendency in this model to produce a neat developmental process which is inclined to disregard context as a contributor to the experience of the victim. Brothers (2008) takes a relational approach to trauma eschewing subject/object dichotomies to take an intersubjective view of therapy. The victim experience is not sacrificed for the transformed survivor; instead, both are implied aspects of the system. Brothers theorises that *"existential uncertainty"* (Brothers 2008, p. 13) is at the core of the trauma experience and can have a profoundly shattering effect on the person. In common with Davis (2005), Brothers' approach is also transformational. There is nevertheless implicit psychopathologising in her ideas since victimisation may be viewed as the 'effects' of the shattering of, what she calls, "*systemically emergent certainties"* or SECs (p. 36-37).

Wade (1997), by contrast, places the victim experience at the centre of his response-based therapy and constructs it as evidence of the client's agency. His therapy method focuses on

responding to the client's narrative in terms of his or her action rather than reinforcing passivity through dialogue focusing on effects. He manages to avoid both the reprogramming process which Davis's survivor therapy suggests, as well as psychic determinism (Croghan and Miell, 1999). Despite the political stance this method takes, there is the possibility of it falling prey to narrative determinism. Nevertheless, response-based therapy appears to be only one aspect of a larger change agenda for those who have survived domestic violence (Richardson and Wade, 2013).

Fisher's (2005) existential therapy takes the view that sexual abuse is a trauma which creates intrapsychic and interpersonal splits. The abuse experience prevents victims from living a full life in the world. The aim of her therapy is to help repair damage done to the psyche so that the victim may be able to live more fully in the world. There are some pitfalls to Fisher's approach that perhaps reflect her use of language. Victimisation, for example, might well be explained in terms of resistance, which could very subtly blame the client for their plight. The idea of resistance in therapy evokes rationalist thinking, which Nissim Sabat (2009) describes as thinking dominated by the ideology of individualism and self-sufficiency. Failure, therefore, could well be implied in the idea of resistance as used in this particular formulation, whereas Wade (1997) uses it to convey specific action taken to prevent abuse or violence. There is a contrast in the meaning and hence, a difference in the construction of victim.

Incest resolution therapy, as described by Haaken and Schlaps (1991), offers both a step forward in treatment of abuse survivors and also a step back. As a therapy, it moves away from explanations that pathologise victims. Instead it focuses more on listening, containing and normalising responses which tends to construct the victim as courageous survivor. The central difficulty, however, lies in the emphasis on incest, which could reduce the client to their abuse experience.

The trauma-focused approach known as Skills Training in Affective and Interpersonal Regulation or STAIR Narrative therapy, (Cloitre, 2013) is an integration of traditional cognitive behavioural and narrative approaches to working with PTSD related to child abuse. STAIR narrative therapy acknowledges two things: present life dysfunction and the impact of early life trauma on identity. Storytelling is used as an effective method of encouraging a change in the survivor's identity. Its goal is transformation in narrative which

is believed to transform symptomology. It is prescriptive in approach and while valuing storytelling, STAIR tends to reduce interventions to tools for achieving an expert led agenda. Perhaps that might miss the point of narrative approaches to therapy which have explicit political agendas. Joseph (2011) suggests that the trauma recovery industry has had unintended consequences for the suffering person i.e. separating them from their innate capacity for development and change.

2.9 THE SPEAKING VICTIM

Victimisation refers to a dehumanising experience perpetrated by another and over which there is little control. Ingrid Betancourt (2010) describes this in her book about her six years of captivity in the Colombian jungle at the hands of the FARC, *Even Silence Has an End*.

> *'I refused to be treated like an object, to be denigrated not only in the eyes of others but also in my own. … I feared for our health, mental balance, our spirits. When I heard the guerrillas refer to us as 'cargo', as 'packages', I shuddered. These weren't just expressions. The point was to dehumanize us. It was simpler for them to shoot at a shipment of goods, at an object, than at a human being. I saw it as the beginning of a process of degradation.'*
>
> (Ingrid Betancourt, 2010, p. 253-254)

In this extract, she describes the way she was objectified by the FARC and also describes her struggle to retain her own subjectivity and dignity during an indescribable ordeal. In chapter 76 she describes an experience of objectification which pervaded her to such an extent that she surrendered her struggle and almost died. Despite the cruel, harsh and often inhuman treatment she endured, she managed to retain a sense of her own subjectivity and avoided falling into the trap of shameful victimisation. Her account is that of struggle for survival, but is also transformational in that she manages to avoid portraying herself as just being the sum total of her victim experience.

The experiences of those who survived the industrial school system in Ireland are testimony to how damaging those regimes were to children's identities. Barney O'Connell, who was in Artane, saw his name taken away from him and replaced with a number

12,847. It was, he said, on his boots, his bed, his blankets; *"It was in my brain"* (Arnold, 2009, p. 81). Mannix

Flynn's memoir (1983), *Nothing to Say*, about his time in Letterfrack Industrial School in Co Galway, movingly describes what eventually happened to him as a result of his ordeal:

> *'I used to wake up thinking I had wet the bed … a new pain grew deep inside of me, I could not figure out what it was. Something was leaving me. I didn't know it but I was changing. It left me open grabbing for something to put back into its place but there was nothing no love, no more tears, no ma, no da, no Christmas holidays and no escape. … I too had to survive on my own, … pull down the shutters, close off my heart.'*
>
> (Mannix Flynn, 1983, p. 109-110)

These accounts describe a deliberate dismantling of identity and a process of objectification of children, a process which was also apparent in the inadequate record keeping of those in authority in industrial schools. Arnold's (2009, p 311) epilogue, 'Kathy's Story', tells of Kathy's long battle *"to piece together the truth of her story"* amid the widespread destruction or disappearance of documents relating to her case.

If Betancourt (2010) can articulate the courage, resilience and tenacity required of an adult to withstand systematic objectification, what chance did a child have of retaining an integrated sense of self? Perhaps the victim-self begins to make sense as an attempt at developing a subjective sense of self and as an important means of remaining intact in response to a fundamental absence of adult empathy. Mannix Flynn (1983) describes eloquently what happens to a child trying to survive a harsh regime; *"...close off my heart, use my brain and hold onto my mind, for you need the hard shell to protect the egg. Without* it the chicken would not survive" (p. 110).

2.10 THE VICTIM-SELF AND MY PRACTICE

As a therapist working routinely with abuse and trauma, I have found that victimisation is an inevitable reality of the client experience. My experience of working with victimisation is of regularly feeling that therapy is quite stuck; that any change in narrative appears impossible, and that I am deskilled and inadequate as a professional. I have regularly encountered the 'cold child', which Mannix Flynn (1983) describes as a survival strategy,

and I found those encounters frightening because the cold child's actions were often damaging and the 'hard shell' (Flynn 1983) often impenetrable. I felt at times overwhelmed by the conflicts and tensions generated by those encounters. I became uncertain about the ethics of empathy and challenge with this client group and I wondered about the adequacy of my therapeutic responses in the face of profound victimisation. I also felt angry and disheartened that so many clients were failed by the criminal justice system, particularly during an era when child protection policies and regulations were being revised and improved.

I wondered whether my practice was contributing to blaming the victim or alleviating suffering. It seemed to me that there might be more to my reaction than could be explained by the social sequelae of childhood trauma or by a false identity problem alone or even by a theoretical position on human agency. The depth of my reactions challenged the very foundations of the profession. I was not sure whether therapeutic practice was even an ethical response to victimisation. According to what the literature has to say about trauma, I could be suffering secondary traumatic stress or vicarious traumatisation (Mc Cann and Pearlman, 1990; Pearlman, 1995) or have become an Empathic Sympathiser (Gibbons et al., 1994) or had an intersubjective experience caused by the shattering of systemically emergent certainties (Brothers, 2008) or had my own assumptions shattered (Joseph, 2011, 2015). I might not have worked through my countertransference reactions and therefore have become identified with the role of rescuer (Etherington, 2009). Perhaps I had lost clinical perspective. There is no doubt that working with this population is challenging but to explain my practice experience solely in those terms may also gloss over an important realisation; that victimisation as clinical presentation is poorly understood. In spite of the vast amount of research available, there is little written on the therapist's responses to the client's victimisation and victim-self. Janoff-Bulman and Frieze (1983) suggest that general reactions to victimisation *"are not as helpful as one might expect*" and that, as a result, the victim is often socially isolated (p. 11). Richardson and Wade (2010, p. 138) assert that victims are regularly met with unhelpful reactions to the story of their distress and that, when the violence perpetrated against them is not acknowledged, then *"the suffering of the victim is perpetuated and enhanced."* Howarth and Rock (2000, p. 72) suggest that the title victim is *"eminently appropriate to those troubled by the effects of crime, it distances them from the immorality of the act and actor."*

2.10.1 The Role of Language

There are epistemological differences in the way victim and survivor are formulated and used in literature that have to do with the role of language. Wade and Coats (2007), for instance, focus on the way language is used in the administration of justice. Their work attempts to *"clarify offenders' responsibility by avoiding language that portrays offenders as out of control"* (p. 521). They also obtained accounts which resolutely depict the creative ways victims resist violence and maintain their safety. The framework of their approach is action at many levels from research to therapy to community activism. Richardson and Wade (2013) make the point that perpetrators of intimate partner violence tend not to reoffend when the social response from the criminal justice system is "*swift and certain"* (p. 148).

Davis' (2005) text is not only a comprehensive account of therapeutic work with victims/survivors but it eloquently describes the complex way human identity evolves. He delivers a picture of a contextualised and evolutionary shaping and moulding which includes the ideas of subject and object.

> 'How we come to understand ourselves and narrate our experience is an artful interactional process, shaped not only by the available narrative models, but also by our distinctive experience, social context and personal aims.
> '
>
> (Joseph E Davis, 2005, p. 16)

His use of language reflects a postmodern epistemology that avoids recreating subject-object splits. Identity is not formulated as a static structure determined by history but rather something that is actively constructed. The language of positivism, however, focuses on discovering the truth and true facts. Its underlying assumption is both reflected in and continuously recreated through the use of language and is embedded in the way ordinary language is used. Furthermore, its privileged position in science is evidenced in the volume of research aiming to establish causal links and establish objective facts. Its power is demonstrated, for instance, in the cycle-of-abuse theory, which can have profound implications for people's lives, but which at the same time does not take sufficient account of human experience.

Davis does not eschew rationalism as such, but his ideas are concerned with how human agency is represented. A reauthoring perspective on identity facilitates change in clinical practice because the language attempts to avoid the kind of determinism and certainty that can rigidly position. Given the fluid and evolving nature of practice, a reauthoring account of identity fits with the character of clinical practice.

2.11 CONCLUDING COMMENT

For counselling psychology and psychotherapy practice, therefore, if theory tells us that abuse in childhood has the effect of undermining the victim's *"sense of agency and self-efficacy"* (Macmillan, 2001, p. 8), then it is important that practitioners neither unwittingly endorse this by disappearing the victim nor condemn them to that reality. If therapists are unaware of the way victimhood is positioned and embedded in ordinary practice, then professionals may be vulnerable to repositioning the client in terms of blame or worth, which would have implications for the client's agency and subjectivity. Without a better understanding of how victimisation operates in therapeutic practice, professionals could find they are unwittingly contributing to the production of the victim-self.

2.12 RESEARCHING AND RESEARCH QUESTIONS

In reflecting on the way my practice has been affected by this complex presentation, I wondered if my experience was shared by my colleagues in the National Counselling Service. Consulting with them seemed to be a way of articulating the issues further, of establishing whether victimisation presents problems for others and of establishing how they deal with it clinically and perhaps gaining greater clinical objectivity. I was also interested in researching with other people because I hold that therapy is a social activity rather than a 'fact finding mission'. Furthermore, my own experiences of being a research subject left me feeling 'mined for information' rather than related to as a fellow traveller. The absence of the human resonance which is so necessary to good therapeutic practice was absent in those interviews. I believe that research interviews should be dialogical and include the communication values and approach that typically characterise psychotherapy. I developed the following questions which represent my curiosity about this subject and could guide my research further.

1. How do practitioners understand their practice with victimisation?

    (a) How are practitioners impacted by the presence of the victim-self?

    (b) How do practitioners respond to the victim-self?

2. What changes can practitioners make to practice as a result of collaborative researching?

My ambition was to conduct a co-operative inquiry, however, without securing sufficient support and interest in the topic I feared that this methodology would not proceed successfully. I aimed therefore to initially conduct a few pilot interviews in order to gauge practitioners' interest and understanding of the issue and to test the kind of support pilot meetings might receive from services. I aimed to conduct open, unstructured interviews with colleagues from different services and different backgrounds. I wanted to create a research dialogue that resembled a co-operative inquiry and where the knowledge would be generated in a collaborative way.

The questions I developed conflict somewhat with an action research approach. However, they are a guide to developing knowledge about the subject and relate to my subjective experience, curiosity and reflections gathered over time. They reflect my interest in change and in developing my practice further. Furthermore, they signify the kinds of thoughts I bring to all conversations about this work. I acknowledge that my colleagues may have other questions of relevance to them. As a methodology, the inquiry group approach is designed to be collaborative; what is done is jointly decided and what is discovered through the process is a product of everyone who takes part.

CHAPTER 3
3.0 METHODOLOGY: DISCOVERING THE VICTIM-SELF THROUGH INQUIRY

3.1 RATIONALE

When considering which research method to use to study victimisation and clinical practice, I took several things into account: the project aims, the therapeutic stance with victims of child abuse and my own philosophical position.

The principal aim of this project was to bring about change in clinical practice; this meant examining the therapeutic interaction. Change itself as a focus of research in psychology is uncommon and challenging because it demands more than discovering facts or validating theories, the traditional characteristics of psychological research. Whatever approach I chose needed to facilitate the notion of changing therapeutic actions as well as developing theoretical understanding. It was also important to develop knowledge about victimisation that was culturally and contextually relevant and reflected practitioners' experience. Reason and Torbert (2001) suggest that knowledge creation is more than discovering a set of suppositions; it is also *"locating knowing in the experience of sensation instead of in intellectually elaborated paradigms of thought"* (p. 3). The research process needed to be more than just a cognitive undertaking; it also needed to be a way of tapping into the several ways of knowing and understanding that underpin therapeutic practice itself in this specific context. Epistemology then became an important factor to consider, particularly when deciding which research method to use.

A particularly important consideration with this client group, where injustice and oppression have blighted the lives of victims, is that clinical practice aspires to conduct therapy which is anti-oppressive, promotes growth and helps to transform lives. It seemed important to choose a method which could address issues of power and justice in therapeutic work, since these issues are at the core of victimisation and addressing them reflects the values of the National Counselling Service. The methodology needed to reflect an ontology which eschewed the separation of 'knower' from 'known'. Traditional scientific methods primarily hold the monopoly on how knowledge is created and utilised (Reason, 1998b). Knowledge benefits and advantages the dominant group and, at an unconscious level, can render the community being researched objectified and devoid of agency (Reason, 1998b). Such a worldview is incompatible with the ethos of therapeutic

practice with victims of abuse and with the values of this project in particular. Reality as 'objective' is problematic in terms of this study because it reflects a kind of 'objectifying' of the other. Marshall and Reason (1993) reminds us that *"all good research is for me, for us and for them"* (p. 2) and that a balance needs to be sought. A modernist approach is extractive and adopting such an approach may well favour 'for them' at the expense of 'for us'. Using such an approach may result in my research replicating objectification and producing subjects without agency. This would certainly affect the knowledge created and any claims to validity made. Therefore, studying clinical practice with victimisation needs a different methodological approach, one that views reality as 'subject-object' (Heron, 1996, 1997) and thereby affirms embodied experience but also confirms that there is a given cosmos. These issues led me to consider a participatory method.

Action research as a methodological approach seemed appropriate for studying the types of questions I was examining. The action turn is also more concerned with 'the primacy of the practical' (Reason and Torbert, 2001) and therefore a suitable method to study clinical practice. What particularly concerns practitioners is the practical, because change is a fundamental goal of therapeutic intervention. Practical knowing is often assumed to be contingent to conceptual knowledge and the validation of its concepts. However, action research is interested in knowledge as transformational and relevant to both context and time. It is different from traditional research methods which are interested in the discovery of the truth 'out there' (McNiff and Whitehead, 2010). Action research is interested in generating knowledge jointly with others that taps into people's lived experience. It is essentially concerned with improving practice and understanding the processes which enable that improvement, and is therefore also concerned with praxis (McNiff and Whitehead, 2010).

3.1.1 Research with others and the attitude towards the victim

Therapeutic work with victims of abuse in childhood is specialised. There is a need to be mindful of how identity can be constructed in clinical practice, particularly since victim objectification was an embedded feature of the abuse interaction. The National Counselling Service therefore has a specific responsibility to develop an ethos which respects the needs of this client group. This inevitably involves a deep awareness of power

issues, parallel process and a responsibility for creating a culture of mutual respect. It is apparent that, in order to honour those values and principles, any research methodology needs to reflect and be congruent with those espoused ideals. Action research offers a practical way to address this by making the inquiry process participatory rather than excavatory; participants learn how to do research on issues relevant to them and their work. Their voice, experience and difference are not just respected, but integral to, any knowledge creation. The change process comes about within an environment where collaboration is the expressed and implicit value and where there is real commitment to the project. Such a process supports the promotion of social justice (Brydon-Miller et al., 2003) by validating the right of participants to have a say on issues that affect them and their lives. This parallels the aspirations of the therapeutic process to empower, promote change and the flourishing of individuals. Action research has therefore an explicitly political outlook as it not only questions the axiology of research methodology, but is specifically focused on transformation, the democratisation of knowledge, consciousness raising, and critical awareness. Collaborative research, therefore, aims to meet the ideal of good research by being for me, us and them (Marshall and Reason, 1993).

Action research is concerned with connections between several ways of knowing and knowledge creation that reflects many therapeutic orientations and indeed the systemic context. Rather than being confined to a single epistemology, action research, specifically cooperative inquiry, is concerned with *"the interplay of different qualities, types or territories of knowing"* (Reason and Torbert, 2001, p. 12). This extended epistemology is a concrete acknowledgement of clinical experience as knowledge in psychology and psychotherapy. It affirms 'knowing' as more than just cognition and positively affirms the primacy of practical knowing which characterises praxis. There are, however, many strands of action research and I reviewed several before deciding which was most congruent with the aims of this project.

3.2 TYPES OF ACTION RESEARCH

3.2.1 Appreciative Inquiry

Participation was perhaps the single strongest value underlying this study and I looked at appreciative inquiry as a possible approach. Originally formulated by Cooperrider and Srivastva (1987), appreciative inquiry sought to move away from inquiry which was essentially problem focused. Instead it attempted to unleash the often hidden creativity within organisations, giving space for new voices and new discovery. By taking a non-critical and positive stance, Cooperrider and Srivastva (1987) aimed to transform organisational dialogue and language and thereby change behaviour. Appreciative inquiry falls into the bracket of third-person research/practice, (Reason and Bradbury, 2008), as it focuses on studying larger groups, communities and organisations, however, it also frequently contains first and second-person research/practice. According to Reason and Torbert (2001), second-person research/practice includes an inward focus or critical subjectivity and intersubjectivity as important components, including: awareness of bias, consciousness-raising, double-loop learning (Argyris, 1976), and a mechanism of changing ideas and actions. Appreciative inquiry is less concerned with developing this kind of awareness, focusing instead on rediscovering 'the moments of excellence', (Ludema et al., 2001) and finding ways to continuously recreate 'the possible'. Personal choice, which is an important ethical and human value in therapeutic practice, is not the primary focus of appreciative inquiry. At the same time, interventions which accentuate 'the best of what is' are very valuable for a great deal of therapeutic work, particularly that which is time-limited. Critically examining therapeutic practice with victimisation required more than this methodology could offer and on that basis it was rejected.

3.2.2 Action Science

Argyris, Putnam and Smith (1985) formulated an approach to action research entitled action science; a systematic method and technique for helping organisations to learn and change. Although, in its aim, it belongs to the third-person research/practice category, it has a deliberate second-person focus. Learning takes place as individuals are helped to become aware of the discrepancy in action between their 'theory-in-use' and 'espoused

theory' (Argyris and Schon, 1978; Friedman, 2001; Smith, 2001). The awareness gained as a result of data testing can often enable people to reduce the discrepancy between their two theories. People can review and revise their theories by moving towards reflecting-in-action and making on-going changes, thereby contributing to cultural change.

As a methodology for this study, action science has shortcomings. Its aim is third-person research/practice change achieved through second-person research/practice learning. Change at an organisational level is assumed to happen as a result of second-person research/practice and is somewhat linear in nature, tending towards establishing facts. This may not adequately consider context itself as an influence on action. It assumes learning to be a cognitive process and is less concerned with tacit knowledge, perhaps because tacit knowledge does not lend itself so readily to the systematic hypothesis testing of action science. This means that a whole realm of experience is excluded from study. As a method, it is not sufficiently context-focused to have the kind of nuanced reach to answer the questions of this study. Action science might be more appropriate for studying practitioners' relationships with the health system and its impact on service provision. I believe it is not the best method for examining the clinical context because of its somewhat reductive view of learning, predetermined concept of human action, insufficient regard to issues of power, and underlying assumptions about agency.

3.2.3 Participative Action Research

Participative action research is a vast and often complex field. Whilst not easily defined, it centres on the idea that inquiry is a collaborative undertaking towards action and knowledge creation, intended to transform social structures and relationships. Participatory action research aims at transformation through education, action, reflection and committed involvement. These are political aims which address the power and control structures that maintain oppression of the poor and disadvantaged. Through a process of *"enlightenment and awakening of common peoples"* (Reason, 1994, p. 12), communities get the opportunity to voice their own concerns. This research method is less concerned with the practical details of research design, data gathering and analysis, instead emphasising the value of the collaborative approach in promoting a sense of solidarity and what Freire (1970) calls conscientisation.

Participatory action research is no longer solely associated with the marginalised and oppressed, and is widely used by large organisations in western cultures in many fields: industry (Whyte et al., 1989; Greenwood et al., 1993; White et al., 2004) health research, (Meyer, 2000; Baum et al., 2006), education, (Brydon-Miller et al., 2003) and community care, (Dick, 2004). Professional practice has become more aware of the voice of service users and the need to acknowledge and include their voices in service design and provision, (Dick, 2004; Baum et al., 2006). A 'second-generation' agenda in participatory action research has emerged, somewhat shifting the emphasis from empowering the grassroots, to bringing about organisational transformation (Gaventa and Cornwall, 2008). Critics are nevertheless sceptical; there is concern that action research may become routinised, (Brydon-Miller, 2008) thus eroding its radical base, or that it will be undermined from above (Wakeford et al., 2008).

Whether it is a suitable method for this inquiry is questionable. On the one hand, there is no doubt that change is a central concern of this study and may even be transformational. On the other hand, clinical practice is both a social and individual quest and that central respect for the latter is at the heart of psychology and psychotherapy praxis, a narrower focus than participatory action research normally takes. At the same time, the equalisation of knowledge and power between the researcher and researched in participatory action research are in line with the values of this study, additionally, victimisation as a research topic seems uniquely suited to a participatory action research approach. However, participatory action research does have a predominately third-person research/practice focus which makes it more compatible with a macro-level study and mobilisation of group action The second-person research/practice aspect on critical reflexivity is perhaps so politically-focused that it may tip into determinism and prescriptivism. These aims may obscure the individual and their unique learning which is at the centre of clinical practice. The scope of this study is confined to studying a micro process and that context. It does not deny the political nor action; however, it is attempting to respect individual uniqueness, difference and intersubjectivity that are the domains of psychology and psychotherapy. On that basis, I rejected a participatory action research approach.

3.2.4 Co-operative Inquiry

Heron and Reason (2001) describe cooperative inquiry in simple terms as:

> *'A way of working with people who have similar concerns and interests to yourself, in order to (1) understand your world, make sense of your life and develop new and creative ways of looking at things; and (2) learn how to act to change things you may want to change and find out how to do things better.'*
>
> (John Heron and Peter Reason, 2001, p. 179)

This approach to research is clearly participative and action oriented, however, its origins lie in humanistic psychology (Reason, 1994). In common with Maslow (1968) and Rogers (1961) Heron believed human beings have, to a significant degree, a capacity for self-determination, (Reason, 1994). Co-operative inquiry therefore takes issue with human subjectivity and how this is constructed in mainstream social research. This is more than simply a reaction to traditional research methods. Inquiry from this standpoint is practical, political and spiritual. The practical can be demonstrated in the 'extended epistemology' (Reason, 1994; Heron and Reason, 1997, 2001; Reason and Torbert, 2001). The political can be illustrated in axiology, the emphasis on human flourishing and the restructuring of human subjectivity, (Heron, 1996; Heron and Reason, 1997), as well as in the participatory worldview (Reason and Bradbury, 2001). The spiritual can be demonstrated in the natural extension of critical subjectivity to intersubjectivity and an emphasis on wholeness and healing, (Reason et al., 1992; Heron, 1996; Reason, 1998b, 2005)

As a possible methodology for this study, co-operative inquiry has several strengths. It stems from a humanistic worldview which acknowledges self-determination. This is important for studying clinical practice because it emphasises autonomy as an ethical and practical value and also affirms that praxis is inevitably participatory. Reason and Torbert (2001) suggest this places research practice and knowledge creation within the tenets of the universal doctrine of human rights (p. 11). Crucially, this approach reflects the aspirations towards anti-oppressive practice, an essential clinical attitude with this client group.

Co-operative inquiry has been described as the most clearly-articulated approach to second person inquiry/research by Reason and Torbert (2001) who cite psychotherapy and most professional practice as fundamental forms of second-person inquiry/research. Co-

operative inquiry also grounds theory in experience which is a useful frame for studying victimisation and practice because this affirms each person's unique voice and frame.

The extended epistemology (Heron and Reason, 1997) affirms the many ways humans come to know and understand their world. It extends knowing to the senses, imagination and spirit. There is a holistic perspective to this approach which is inclusive of many different psychology worldviews, furthermore, it could provide a good way of developing theoretical meaning from tacit knowledge of an under-researched area. It offers a method, approach and scope which seem suitable to examining the clinical context, I therefore decided to use a co-operative inquiry approach to this research. Co-operative inquiry, nevertheless, posed several challenges which are described below.

3.3 CHALLENGES OF CO-OPERATIVE INQUIRY

3.3.1 Researching as a Group

Setting up a co-operative inquiry group may create a clash of values with those of the larger organisation. The hierarchical ethos of the health system may not be exercised to empower the emergence of autonomy (Heron, 1997). That dynamic may manifest in the group process and bring with it issues of control. The group would need to be open to reflecting on cultural influences from the wider system and their impact.

Although all co-researchers were employed as therapeutic practitioners, we came from different professional backgrounds. The inquiry group comprised colleagues from nursing, social work and psychology, which suggested tradition as well as epistemological distinctions. This provided the research group with rich difference but also held the potential for division in terms of worldview, practice, allegiance to tradition and even union affiliation. At the same time, National Counselling Service clinicians encounter these kinds of differences regularly at conference, in meetings and within the supervision space they all share. Therefore, the kind of tension such distinctions can create is familiar territory. Nevertheless, developing a research group that could embody a 'reframing mind' (Reason, 1999a) in such a short time could pose difficulties. The temptation might be towards polarised positions: either remaining in a kind of collusion, or being divided

through difference. What constitutes authentic relating is also an important consideration for any co-operative inquiry.

The kind of communication demanded of co-researchers taking part in a short inquiry brought some tension to the group and even blocked people from connecting deeply. This study challenged participants' capacity to tolerate difference quickly, without retreating to a polarised position. It required a kind of robustness akin to later-stage ego development (Reason, 1999a).

3.3.2 Insider/Outsider Position

This study asked participants to take up two positions: that of researcher and research subject. Committing to these positions was connected with ownership of the project and this was a complex element affecting the collaborative process. The academy and its product exerted a controlling influence which affected the inquiry dynamic and people's commitment. Co-researching was difficult to engage in and the expectation was that the leadership of the investigation belonged with me since the ownership of the project was assumed to be mine. Although participants initially agreed to co-researching, many found that, in practice, occupying both positions provoked conflict and emotional tension. At a process level there was anger and frustration with the self-directedness of the research, which left the group feeling the need to be directed from outside. It seemed more comfortable and secure to be 'the researched' rather than 'researcher'. The sense of anger was diffuse and at times quite intangible but discernible in demands for my greater participation as guide. I also felt angry at the pressure to take up the role of guide and step into an outside position. I felt quite powerless to resolve this during the process as it seemed hard for others to acknowledge my discomfort and fear. The research group often took up a victim position during emotionally stressful times; needing to be rescued when feeling uncertain and unable to openly express distress.

This was a 'same-role inquiry', (Heron and Reason, 2001) internal to the organisation structure and culture. Perhaps occupying both inside and outside positions also brought up the ordinary rivalry and even some envy which was expressed in a kind of ambivalence about the research process. The product of their labour would confer academic honours upon me, this affected the dynamic, personal commitment and connection to the study.

3.3.3 Political Ethos

As an internal same-role inquiry, there was a sense of engaging in a countercultural activity. The study aimed to place control of practice in the hands of the practitioners. Whilst the group agreed on the subject to study, it was inevitable that the process of critical reflectivity would extend to the larger context. That macro-level awareness brought with it complex reactions not anticipated at the outset. As insiders and colleagues, the group was cautious about professional identity and how a critical approach would affect this. Micro and macro-level critical awareness manifested as a bipolar tension and was articulated in terms of the need for control during the group process and a ubiquitous sense of victimisation. The transformational aspect of an action research approach was evident in co-researchers' discomfort during the group process and my struggle with the emotional impact of the researching process and developing critical awareness. The methodology was chosen because of its second-person research/practice focus, in practice, however, critical awareness cannot be confined by method. Being open to authentic engagement is a political as well as a personal and interpersonal act.

3.4 PILOT STUDY

I conducted two pilot studies during the initial phase of the project in order to develop an understanding of the various experiences colleagues were reporting about the topic. I hoped to gauge whether or not my own practice struggles were shared across the service. Crucially, I needed to establish whether there was support for and interest in the project.

I set up interviews with two National Counselling Service colleagues. One colleague was well known to me and we worked in the same service but in different geographic locations. This was useful because we had a good relationship which helped us discuss the topic in some depth. It helped too that she and I differed in training, experience and professional background, she was originally trained as a social worker. The second participant was only slightly known to me; although our training was similar, we were both counselling psychologists but knew little of each other's experience. She worked for a different service in a different geographic location. This provided a good contrast to the first interview. I arranged to meet each colleague individually and interviews were semi-structured

discussions. I wanted the pilots to resemble a two-person co-inquiry in keeping with my action research ethos.

3.4.1 Emerging Themes

I wanted to get a clearer understanding of the kinds of ideas and practices colleagues associated with victim work. I therefore carried out a thematic analysis of the interviews, the results of which are presented below in table 1:

THEMES	UNDERLYING ASSUMPTIONS	PRACTICE ISSUE
Victim-self as a novel idea.	**Victimisation as part of an existential journey.**	**Change from stuck to responsibility.**
Victim rarely identified as clinical issue.	**Victimisation as expression of psychopathology.**	**Moving towards a realisation of liberation.**
Victim as experience of being stuck.	**Victimisation as trauma.**	**Long term work necessary to achieve change.**
Victim as deficient in Responsibility.	**Expression of development deficiency.**	**Long term work.**

Table 1. Themes, underlying assumptions and practice issues that emerged from the pilot study

There was a difference in the participants' underlying theoretical assumptions. One colleague described victimisation as part of a life-stage journey towards liberation. For her, stuckness was an ordinary experience which was also somewhat of a signal for change. She reformulated the victim experience as an opportunity for personal growth. The second practitioner found the idea of 'victim-self' new and though she rarely conceptualises clients in terms of victimisation, she described her encounter with the victim-self in terms of trauma. The victim was understood as the outward manifestation of the psychopathology of trauma. There was a polarised construction of the victim-self: as both passive and stuck, as well as active and hopeful. Both practitioners acknowledged the necessity for long-term therapy and maintained a hopeful position in relation to therapeutic practice.

3.4.2 Practitioner Knowledge

The pilot study suggested that National Counselling Service counsellor/therapists share similar struggles with practice which appeared to be linked to a victim presentation. Victimisation as a practice issue was a rare formulation. These practitioners tended to explain victimhood in terms of a deficit in agency. They were able to explain this in terms of intrapsychic and personal growth discourses. For both practitioners, change was dependent on two issues: duration of therapy and quality of interpersonal relationship. The implication is that change in agency, whether formulated as internal to the person or as social development, requires time. Short-term therapy may not produce any therapeutic effect. Perhaps this knowledge gave rise to practitioner optimism in enabling change.

The interviews resembled a form of supervision, with practitioners probing their clinical experiences more deeply through dialogue. It felt uncomfortable and emotional at times during these discussions as we seemed to tap into the sadness and distress associated with being victim. Though these emotions were felt rather than acknowledged, as I later processed their impact on the discussions, it seemed to indicate that we had somehow reached a pivotal turning point in awareness or understanding of the victim. The emotional experience seemed to bring an expansion on the original ideas of the meaning of victim.

3.4.3 Concluding Comment

The pilot interviews revealed considerable interest in the research study and generated new and interesting ideas about victims. The novelty of victim as practice issue was clearly articulated. Victimisation also posed practice difficulties which were formulated in more traditional ways. It was also clear that these practitioners were quite experienced and were able to grasp the somewhat ephemeral character of victimisation. Casual contact with colleagues also revealed that there also seemed to be support for my proposed method. I began to work on preparing a research plan and reflected on how I would gain support for this from the service.

3.5 RESEARCH PLAN

3.5.1 Setting up a Research Group

Setting up the investigation group was both a practical and political task. I needed to communicate at several levels both within the National Counselling Service and the wider Health Service Executive (HSE). How I communicated varied also in line with the cultural norms of the organisations and my own style. Primarily I emailed people, as it is common practice, time efficient, and secure. I also telephoned peers and some committee representatives, as informal contact is highly effective. Below is a grid of the power levels; level one is the most powerful and level three is the least powerful. I made contact at all levels.

(1) MANAGEMENT	(2) COMMITTEES	(3) PEERS
Service Mangers, National Counselling Service.	**Research Committee Chair, National Counselling Service.**	**Colleagues.**
Senior Managers, Health Service Executive.	**Counsellor/Therapist Forum, Chair and representatives.**	
Senior Psychology Managers, Health Service Executive.	**Vocational Group Representatives.**	

Table 2. A grid of the levels of power.

3.5.2 Research Ethics Committee and Gaining Ethical Support

I consulted with two senior psychology colleagues, both of whom worked outside of the service, regarding obtaining approval from the Local Area Research Ethics Committee (LAREC) of the Health Service Executive.

Within the Health Service Executive, local area research ethics committees take responsibility for reviewing proposed research projects. There was no community research ethics committee to approach in my community care area and neither the local hospital committee nor the research ethics committee in the neighbouring care areas would provide approval. I therefore wrote to the senior manager in my own area explaining this,

seeking ethical support and spelling out the cost involved. I received clear support for the project and any expense it would incur. From this position, I emailed the directors of counselling nationally and explained the project, its benefit and value and requested support for this. I also emailed the chairs of relevant national committees informing and seeking support for participation of my colleagues. I received many supportive replies from across the country.

The more I talked about the project, the more the ideas grew and developed and it became clear that the topic engaged and fascinated people. I came to understand that victimhood was a live issue for us as a practitioner group. There was also interest in the research method. I sensed dialogue taking place in other services around the subject as though the investigation group was in formation at a system level. The cost involved did, however, create barriers to participation for some of my colleagues.

I also applied to Metanoia Institute Research Ethics Committee for approval of the project, which was granted. Going through the application process further developed my ideas and, most of all, dialogue with academic colleagues about the topic.

3.5.3 Participants

There were a number of aspects to participation which needed to be considered in forming the research group.

- The topic needed to have some importance for practice.
- Participants needed to be able to critically reflect on their practice with their practitioner colleagues despite the differences in training and orientation.
- There needed to be some mix of therapeutic approach to ensure multiple perspectives.
- Participants needed to be able to make a commitment to the research plan.
- Colleagues needed to be able to travel to the designated centre.

I made contact with my colleagues by email providing them with my email address and telephone number inviting them to make informal contact to discuss the research

generally. Three people called me and, after an extensive discussion, all three opted to join the group. A fourth person had heard about it casually in conversation with me and asked if she could join. I approached an interested colleague to take part as group facilitator. Following phone calls, two other practitioners expressed an interest in being involved. The group was now potentially seven people.

3.5.4 Gender

At this stage there was a gender issue as six of the seven were female. I was conscious of the effect gender might have for the group itself and for the topic being researched. Coincidentally, a second male colleague made contact and decided to get involved. Although there was a gender imbalance of two males to six females, this nevertheless reflects the profession itself.

3.5.5 Schedule and Venue

I took responsibility for leading the set-up meeting. I found a central venue which would suit people coming from afar within easy access of public transport and on health service premises. The schedule would be agreed at the set-up meeting.

3.5.6 The Investigation Process

Service managers were in agreement with releasing staff to take part for four half days. In reality, for some therapists, this amounted to four full days, due to travel.

The four meetings consisted of: the set-up meeting and planning the research, three investigation meetings, and one wind-up and evaluation session. Four meetings is short when using an action research method. On the one hand, I was aware that co-researchers might need time to gain confidence with the tasks of acting and reflecting. On the other, we were all used to peer-supervision and working in group situations, therefore the research tasks would neither be mysterious nor too taxing. Four meetings seemed manageable for those travelling some distance and was acceptable politically in terms of releasing staff to participate. What emerged was a brief investigation group which did not

repeat the cycling process, but nevertheless moved through cycles matching those of co-operative inquiry.

3.5.7 Informed Consent

I sent each co-researcher a pack in the post containing:

- a welcome letter,
- a participant information sheet,
- the consent form,
- an information sheet about the research topic and methodology (see appendix A), and
- an outline of the first meeting (see appendix B).

3.5.8 The Set-up Meeting

During this meeting we discussed consent, methodology, and opting out. We discussed confidentiality, the meeting schedule, and planned and agreed research tasks. During the setup phase, it became clear that the inquiry group was beginning to depart from the planned co-operative format. Participants were curious and interested in the topic, but their research questions were not well-formulated. Rather, they had specific practice-related dilemmas they wanted to explore and these were naturally idiosyncratic to each participant. They expressed a clear interest in 'taking part' and learning through the process. In many ways the group was already displaying something of a Dionysion culture (Heron and Reason, 2001) and capacity for experiential being. The paucity of clear research questions may well reflect some of the culture of long-term psychotherapy with this specific client group, where propositional understanding takes time to develop. I had formulated some questions which I offered as a means of brainstorming possible group questions. These questions generated considerable discussion, reflection, enthusiasm and energy, reflecting the practitioners' clear desire to participate but in a way that met their needs as a practitioner group. What emerged for me as the research instigator was that there was already a clash of agenda and style evident and I found myself in the outsider-

researcher position. The influence of the academy and the production of a thesis were a consideration. They became influences over which participants had no control and, for me, affected the research ethos and my own position as co-researcher. It was important for me to remain as faithful to the research method as possible and I therefore discussed the idea of the group producing a report separate to my thesis, a report which all participants had contributed to. This idea received a mixed response, with some participants feeling unsure about the commitment required to produce such a report, while others thought it a good idea.

This group began to form as an 'outside group' (Heron and Reason, 2001) who were interested in two distinct issues: exploring practice by an examination of the clinical interaction, and exploring practice by reflecting on personal and interpersonal experiences of victimhood. The questions, it seemed, were individual to each co-researcher, reflecting their own therapeutic practice struggle and counselling approach. Whilst this conflicted with the academy requirements, I was mindful that action research is about inquiry which has relevance for the participants and is inherently an emergent process. The individual nature of the research interests affected the group and nature of the task and it came to resemble a 'brief outsider inquiry group'.

There were some early dilemmas for me in the process of conducting the set-up. I took a clear leadership position at set-up, which I believed was ethical, and a reasonable expectation.

Nevertheless, that leadership was also evident in subtler ways: in the providing of refreshments, arranging the meeting room in advance, taking responsibility for the flip-chart notes, answering the door and being the point of contact for participants if they could not attend. I was already having an effect on the research group which may have altered its formation as 'co-researched'. I felt anxious and angry that this was happening and powerless to prevent it. Two things seemed to be taking place during group formation: what we espoused to do and what we actually did. We all agreed to the values and approach of the method; however, already several issues were affecting the methodology: the academic requirement of a study, my leadership role, the victimisation dynamic and the brief nature of the inquiry. We paid insufficient attention to these issues which later affected the process.

3.6 ETHICAL CONSIDERATIONS

There were a number of ethical challenges to be considered at different points in the research plan and implementation.

3.6.1 Confidentiality

The group needed to agree the boundary of confidentiality given the sensitive nature of the investigation and the report to be produced. The dilemma here for me was to clarify the difference between the inquiry group and the types of groups we routinely engage in as practitioners. The central issue for the group was the need to preserve anonymity of practitioners and clients during the write-up. However, this could not be guaranteed during recording, and, as the transcriber, this required my careful attention. The group then needed to be mindful of preserving anonymity during meetings. This also had implications for the write-up and therefore the agreement was to change client details if necessary to protect client identity.

3.6.2 Authentic Participation

Reflecting authentically on practice in a group of peers is challenging. Through my experience of being in many different groups, and leading supervision groups, I was aware of the tendency towards consensus collusion (Heron and Reason, 2001). Only having four meetings in which to establish a climate of openness, critical reflection and emotional respect posed a challenge. I also knew from experience that 'difference' could create tension and could lead to anxious, defensive relating. Would the requirement of authentic participation also become a problem in itself, would it become a tyrannical master and a barrier to the group's own formation? There is also the question of what constitutes authentic participation or 'declarative validity' (Reason and Bradbury, 2008, p 703 cited in Kildle), and how it can be claimed. Perhaps it is part of an incremental process of open, reflective communication and, with a brief inquiry such as this, it became something the group struggled with rather than achieved.

The pilot study helped me to see that my own reactions and responses would be critical in helping to create a climate of authenticity and respect. Indeed it became clear at an early

stage in the group's development that I needed to 'use myself' as the mechanism for promoting a transformation attitude within the group. In many ways that task was larger than I had ever realised and produced in me the most profound personal change.

3.6.3 Systemic Support

In order to set up a research group based on an axiology of democratic participation, I needed the backing and support from the system. The political was an important aspect for me to consider carefully. Without the expressed support from the Health Service Executive and the National Counselling Service, I might have found the project in jeopardy. With good advice and help from senior colleagues, I devised a plan to seek support.

I became engaged in an extensive dialogue of my ideas with the National Counselling Service, The Health Service and wider therapy community.

- I wrote an accessible synopsis of the research proposal and emailed it to several managers.
- I wrote an article based on my research proposal for publication in the National Counselling Service tenth anniversary journal.
- Finally, I sought ethical support for the project from my senior manager, the chair of the National Counselling Service research committee and my line manager.

I also made informal contact with colleagues around the country explaining my ideas and gauging the potential interest, support and possible barriers to participation.

It seemed that the response I received reflected the geography of the service; the further away the service, the less the practitioner interest. In general, support for the idea was forthcoming, however, there appeared to be practical obstacles to securing participation.

3.6.4 The Financial Challenge

The recent financial crisis in Ireland had affected public services severely. There existed a climate of financial austerity in the Health Service Executive. My plan to set up a national

inquiry group seemed to be non-viable. In order to overcome the financial barriers, I attempted to set up two groups, but those too failed to launch. It seemed that the research was being restricted to my own geographical area.

Though travel costs appeared to be a considerable constraint on practitioners, this did not necessarily restrict us as therapists from fulfilling a continuing professional development (CPD) obligation, a requirement of our role and reflected in the job description.

It seemed to me that there were other constraints preventing practitioners from opting to take part. These became apparent from conversations I had with colleagues and potential participants: the topic itself, the time commitment, the travel, the interest and local service restrictions.

3.6.5 My Own Vested Interest

My own role in the group and vested interest in the research presented ethical and methodological dilemmas. I had been actively studying my own practice for some time and I could find myself almost validating the experiences of others as the 'true facts' as they concurred with my own ideas. As instigator of the topic I also occupied a clearer outsider position which could make it more difficult to move to an insider one. Others' positioning of me became the difficulty and affected my capacity to keep to the spirit and ethos of a participative mind. My needs as doctoral student, whilst unexpressed even to myself, nevertheless exerted an influence on the group direction. I therefore decided to invite a colleague to facilitate the group sessions for us. She was experienced in group work and agreed to take up the task.

3.6.6 Disturbing the System

I began this study in the belief that it had the potential to 'disturb' and that disturbance might generate a 'disturbing' response from the system. I felt that there might be some risk associated with an action research approach that had a political objective and might potentially be perceived as a challenge. The transformational aspect of the method might

also have had consequences for co-researchers that were beyond just the therapeutic interaction.

What I came to realise was that the research project itself was the main disturbance, rather than any findings gained from it. It disturbed each of us in our own way, the effects of which were only realised over time.

3.6.7 Collaboration and Leadership

The organisational culture was hierarchical and a form of leadership to which we had become accustomed. I was attempting, however, to shift the focus of leadership from a designated individual to the group itself, this risked misunderstanding and anxiety. This involved us in a different kind of conversation, governed and nurtured through a different set of principles and ground rules. Indeed, within therapy, this attitude is not uncommon.

The guiding principles of the National Counselling Service espouse a participatory approach to psychotherapy and focus on equalising the power between client and therapist. The implication of these attitudes is that oppressive practice needs to be addressed. The principles also reflect a stance towards the victim/survivor of childhood abuse. To be effective, these attitudes also need to be visible in the wider system. The inquiry group attempted to ground the participatory ethos firstly in our own thinking, feeling and practice. It involved me in a very complex relationship with the group and the research itself.

3.7 ISSUES OF TRUSTWORTHINESS

In developing this study, I needed to consider its claim to trustworthiness. Reason (2006) explains that *"...the purpose of inquiry is not primarily to describe or interpret our world but rather to make connections between what is known and 'moment-to-moment personal' in the pursuit of the flourishing of others"* (p. 188). Action research emphasises the moral dimension of living. Marshall and Reason (2007) developed the idea of 'taking an attitude of inquiry' as a means of articulating the trustworthiness of action research. Their evolving four criteria also overlap with Gruba's four criteria for assessing qualitative research

trustworthiness (Shenton, 2004). Therefore, this study used those as a guideline to demonstrate trustworthiness.

3.7.1 Credibility

This study demonstrates credibility in its attitude and commitment to a participative approach to research from inception, outset to eventual write up and beyond. A democratic approach was pursued in order to develop an inquiry which was: relevant to practitioners' needs, a way to develop practice and increase the wellbeing of clients. The study committed to openness and transparency concerning: participation, withdrawal, collaborative researching and critical awareness. I incorporated a 'consultation' process to gain further critical awareness of theory building. I consulted with: my professional peers at conference presentations, inquiry members, a critical buddy and clinical work.

3.7.2 Transferability

The particular context of the study was openly addressed and the several practical/organisational constraints were reviewed at the outset. Decisions taken at the outset serve to illustrate researchers' level of awareness and understanding of the issues and the process. Nevertheless, there was a commitment to comprehensively evaluating: the constraints, choice of method and most worthwhile method of data analysis at the outset.

The inclusion of an early pilot study was a way of making reflective choices about the opportunities and constraints on the study.

The qualities of being and practices of presence (Marshall and Reason, 2007) were central to this approach and committing to critical self-awareness was illustrative of change achieved. That change included variation, uniqueness and revision of ideas about the topic.

3.7.3 Dependability

Marshall and Reason (2007) have described qualities of being as aspirational disciplines. The inquiry group set out to make changes to practice through a collaborative process. To help create the communicative space is quite paradoxical because the inquiry frame needs to be prepared and explained before it can be received and shaped, therefore it requires one person to act as the 'frame instigator'. Being aware of the inherent leadership involved in that role is important to the process also. Good inquiry preparation: providing verbal and written information to interested co-researchers prior to participation; well prepared set-up strategies and a variety of informational gathering methods were essential to keeping the focus on embodying those qualities of being and building the frame. Though the form, life and context is unique with every inquiry group, the practical preparation tasks are similar, as are the built-in paradoxes they generate.

This group committed to take part in an action and reflection process towards meaningful change. The action and reflection process were foundational to reframing; in and through respectful and challenging communication.

3.7.4 Confirmability

Peter Reason (2006) suggested that action research was an aspiration and not a possibility, which captures the emergent character of the process. The choices made during the process of inquiry constrain as much as they generate. The bias which Shenton (2004) refers to is relevant to action research quality in as much as consensus collusion may operate out of awareness impeding the development of the framing mind.

As co-researcher, doctoral student and frame instigator I was involved in an ongoing dialectic with the issue of bias in four ways: by including a group facilitator; inviting feedback from colleagues, peers and supervisors; including a reflective commentary which acknowledges my subjective stance and creating an audit trail. The more I engaged with this process the more I became aware of the influence of the academy on the study in a hidden way; the more I became aware of the political in choice making.

3.8 DATA

What constituted data for this study was not straightforward. The transcripts of the investigation meetings could be considered 'the data'. Whilst the transcripts do largely represent data, it seemed to me that the investigation group itself also constituted the data of the study i.e. the process and development of the group to its eventual conclusion. There were also the preliminary tasks, between and post stages to the research group action, which further contributed to the data generated. The data emerged developmentally, in different ways and from several sources and designs. The following list describes the data for analysis in this study:

- transcripts of the recorded meetings (appendix C);
- co-researchers journals between meetings (appendix D);
- flip-chart notes from set-up and wind-up meetings (appendix E);
- transcription of evaluation meetings (appendix F);
- feedback on the analysis from co-researchers and peers at conference;
- my own journal recordings; and, (appendix G)
- the set-up tasks and contacts.

3.9 DATA ANALYSIS

Holding a number of positions while being involved in the research was a challenging undertaking which became even more complicated when it came to data analysis. What form this would take was not decided beforehand; it needed to be emergent as I did not want to impose a personal agenda on the task, however there were also constraints in terms of available methods. I had to question what a specific form of analysis would bring to the data. I had to remind myself that action research was about changing by doing, and about empowerment as well as understanding. I reflected on how an analytic method might blur the purpose of the research or espoused epistemology. Propositional knowledge is only one aspect of the inquiry process. This thesis could become the sum of that research and in traditional forms of research this would be the case. However,

transformational change, as reflected in the 'extended epistemology,' is more difficult to capture through a traditional approach to data analysis. In this regard, what became increasingly dilemmatic were the demands of the academy and my investment in that achievement. The product or outcome of the research group changed over the course of the study, developing from my curiosity about the victim to my need of an academic product to a more complex understanding of the effect of action researching, specifically upon the inquiry group.

The data and interpreted findings became an important preoccupation as the group came to a close. The co-researchers were intensely interested in the analytical process and my rendering of the group's ideas. There was a curiosity about my interpretative stance and what the findings indicated about the inquiry generally. This interest in theory building seemed to be a reflection of our embeddedness in a more rationalist tradition but also a natural consequence of learning and understanding. Making meaning in a more formal way credits participants with the capacity to be creative theory-makers and contribute to a wider debate and development of the work. This curiosity and desire to produce theory reflects the success of the research method in liberation, in this case liberating confidence in the ideas generated about clinical practice.

3.9.1 Using Grounded Theory Data Analysis

I wanted to use a method of data analysis which would do justice to this project's aims and ambitions and compliment the ethos of action research. The inquiry group aimed to develop greater understanding of victimisation and ways of working which fitted that clinical reality.

Sometimes the research goals were explicitly addressed in the group, at other times they were addressed implicitly as part of a general discussion, characteristic of action research. It was clear that I needed a method which could deal with information at several levels and in a group format. Grounded theory seemed to offer a structured and systematic approach to qualitative analysis which had theory generation as its aim. Glaser and Strauss' (1967) qualitative methodology offered researchers a way to group qualitative information into segments and make comparisons with other segments. The quality of theory which

emerges is dependent on the iterative approach of the method. Although it is systematic and rigorous in method, Glaser and Strauss (1967) suggest that grounded theory can be adapted and used flexibly. Charmaz (2003) describes grounded theory as *"a flexible set of inductive strategies for collecting and analysing qualitative data"* (p. 82) and she demonstrates how the method fits with theory construction. She differs from Glaser, Strauss and Corbin in that she maintains that the tools of grounded theory can be used independently of epistemology or strict procedure (Charmaz, 2006). She espouses a view of knowledge creation which accords with the ideals of this research and demonstrates how this flexible method can yield theory which is relevant.

The transcripts of meetings appeared to represent the data for analysis. However, from the 'extended epistemology' of Heron and Reason (1997), the transcripts may have mainly represented 'propositional knowing' and using them alone may have reduced the influence of other knowledge dynamics on change. Any analysis and theory constructed would have been constrained by this narrow focus on propositional knowledge. I began to ask whether data analysis could include other factors: group process and development, systemic influence on the research project, and practitioners' unique approaches to researching their own practice. Transcribed data for this study was contingent and these other influences were embedded in talk and behaviour. The group process therefore became important because it too demonstrated change and progression which contributed to the quality of the study.

I was inspired to adopt and utilise the tools of grounded theory in analysing the data in order to generate theory about victimisation. There is no doubt that how I used the method departed from classical grounded theory (Glaser and Strauss, 1967), constructing grounded theory, (Charmaz, 2006) and reformulated grounded theory (Strauss and Corbin, 1998). My approach to data analysis shares several aspects with classical and constructing methods however. I take the stance that there are multiple social realities rather than rigid separations. Knowledge, truth and evidence are found in interaction. The procedures for analysing data described by classical grounded theory are flexible, useful, rigorous and logical and therefore offer the researcher directions towards the goal of producing theory. I used both the constructing paradigm (Charmaz, 2006; Mills et al., 2006), together with

the strategies of classical theory, (Glasser and Strauss, 1967; Glaser 2002, 2004) as my own form of data analysis.

The inductive nature of grounded theory data analysis was also a good fit with the 'bottom up' approach of action research. Both place a value on personal meaning, experience and process but grounded theory provides an explicit method for analysing process. A classical, or Glaserian, approach favours the emergence of theory which means that researchers become the 'main players' and participants are passively drawn in the project. A constructivist approach explicitly assumes that participants are 'active players' and that the researcher's role is one of author, (Charmaz 2006; Hallberg, 2006). Researchers, Charmaz (2003) claims, are part of the inquiry process and cannot be separate from it, contrary to the classical view. This seems to echo the idea: *"we always partake of what we describe"* (Reason, 1998b, p 18). There is some complementarity between Charmaz's philosophical position and Reason's thinking. Data for analysis is not the 'transcendent abstraction' Glaser (2002) assumes it to be. The Glaserian belief that 'all is data' implies separation and abstraction and, has some relevance to this study, however, for the opposite reason, that researcher and participants are part of the data. As far as this project is concerned, the world is subjective-objective and can incorporate the rationalist approach of Glaser as well as the more constructivist stance of Charmaz.

Regarding the practical relevance of the project, constructing theory is important and useful because it contributes both to the authority and development of practice, as well towards the planning and evolution of therapeutic services. Formulating theory in this way encourages the grounding of therapeutic practice in clinical experience and developing culturally relevant services which meet the needs of the service users. This places a real value on the work of practitioners to influence and evolve the thinking about victimisation, the psychological and therapeutically meaningful response to victims and help transform abuse within society. The National Counselling Service therapist's role becomes important within the health system, taking the lead in practice and service development. Their clinical experience, knowledge, and skill as practitioners and researchers make them highly valuable as a professional group.

3.9.2 Adapting Grounded Theory Data Analysis

With a brief co-operative inquiry, I had to adapt the analytic approach. I followed the logic of the classical approach and the creativity of the constructivist method but also departed from both in ways that are explained below.

The basic task of data analysis is open coding which is particularly useful in analysing group conversation as it helps to identify ideas embedded in talk that may not have been explicitly discussed. In this project, however, sampling did not take place in any formal or organised way as described by Strauss and Corbin (1998) because data analysis took place after the group ended. Analysing the transcripts between meetings might have led to what Glaser (2002, 2004) describes as 'forcing the data'. For an action research study, the methodology is not the focus and emphasis is on the quality of open communicative spaces (Marshall and Reason, 2007) which can include other methods. Forcing data down a specific route for discussion would be an example of not taking 'an attitude of inquiry' (Marshall and Reason, 2007) within the group, and could have affected the overall quality of the inquiry.

The next logical coding steps with grounded theory data analysis concern selective and theoretical coding. It cannot be overlooked that this is both an abstractive and constructive process. Glaser (2002) maintains that *"conceptualization is the medium of grounded theory"* (p. 26) and here he is referring to the skill of abstraction. Without it, he maintains, grounded theory will not happen. He emphasises that theory is waiting in the wings to be discovered and the method itself is the way to *"tap the latent structure which is always there"* (Glaser (2002, p. 26). However, the operation of the researcher cannot be denied regardless of the researcher's ability to conceptualise. Being open to the data and being immersed in the data cannot separate researcher from what is already known or felt. By whatever strategy or approach it is achieved, conceptualisation is always a collaboration. In this study, data analysis is a synthesis of: using a logical method, interpreting, abstracting, constructing and allowing the influence of other voices. Revising ideas or theories through collaboration and influence in the way co-operative inquiry suggests does not negate conceptualising, rather it acknowledges other frames which are always there.

Selective coding and delimiting are procedures of data analysis in grounded theory which were also used in this study. The action phases of the inquiry process focused on specific

tasks and delimited the data analysis organically. Delimiting to a core category was not so dilemmatic with this inquiry because it focused on specific tasks as part of the collaborative approach. The core category was also made so by virtue of the variation in accounts. Therefore, the multi-voiced approach was present within the core category.

Theoretical sampling, developing a grounded theory to a point where no new ideas emerge from the study, is considered essential to generating robust theories. In this research, that stage was not followed as part of data analysis. However, it is very likely that theoretical sampling took place organically as part of the between-session tasks that participants conducted. Since action research follows a different ideological path, theoretical sampling was not evident as an articulated part of this researching process and therefore departed from the method at this point. The inquiry group method is less concerned with following a prescribed research strategy than it is with developing change. Despite the ideological and epistemological differences between both approaches, it does not follow that theoretical sampling belongs only to one method. It may become an articulated aspect of a well-established co-operative inquiry however the constraint on time precluded it as part of this brief inquiry.

The cyclical nature of the inquiry group approach to research naturally revisits and revises ideas and thoughts. Reflective and self-reflective inquiring is central to the method and naturally aids in the revision of ideas and beliefs. I maintain that this 'revisiting' and 'revising' constitute learning as co-researchers build greater awareness of self and other, and develop understanding and knowledge, both of which concern greater objectivity. Abstraction to the theoretical level may be a consequence of such learning but is not the aim of the inquiry group whilst it is the aim of the grounded theorist. The cyclical revision of ideas in this inquiry constitutes both elaboration and objectivity which are akin to the ideas behind theoretical sampling. It therefore makes sense to include 'revision of ideas' in this study to demonstrate greater theoretical strength and quality in researching.

CHAPTER 4

4.0 THE PROJECT: DISCOVERING THE VICTIM-SELF

The research project was divided into three sections: the set-up and first cycle, three further cycles and review meetings. The brevity of the cycles meant that the project departed somewhat from a co-operative inquiry group format (Heron and Reason, 2001), but can be more faithfully described as 'co-operative inquiry' informed. Repeating the cycles of inquiry was not possible.

4.1 MEETING ONE

The set-up meeting comprised two phases: the introduction and contracting, followed by the first inquiry cycle.

I took the role of leader in order to facilitate the group through this mainly propositional phase. Firstly, we talked about our individual reasons for taking part. We then discussed the action-research approach, consent, and collaboration, we agreed ground rules and I introduced the group facilitator. Following that, we discussed the topic, agreed some research questions, agreed the boundary of confidentiality and planned further meetings. I used a flipchart to aid discussion of the research questions.

During the second phase, the group began the first inquiry cycle. The group struggled initially with the idea of the victim and whether this had any clinical meaning, or whether it was just another descriptor for what we see routinely in practice. Some began to question their participation in the inquiry at all. Already there was evidence of self-reflection and the revision of original ideas. Co-researcher **J** initially felt she was an 'imposter' as co-researcher. The issue was of interest but held little clinical significance for her. At the close of the first inquiry cycle, she commented as follows:

> ***J:*** *So I'm just thinking **S** here (laughs) maybe I'm you I'm I've I've more in common more appropriate to be here than I thought I hadn't thought about it in terms of what's emerging.*

By reflecting on differences, the group then began to build a picture of how the victim presents, and the challenges practitioners face clinically. Co-researcher **F's** began to develop new awareness and understanding of victim presentation:

> *I've been thinking about in the light of our discussion today and ye know look looking at victimhood if you like... there are many aspects to it an'… so I was thinking if I look at ye know not just focusing on the negativeness and the stuckness but that they are victims in all sense.*

F found her thinking shifting throughout the course of the cycle and, in this quotation, it is as though she has suddenly begun seeing victimisation in a more complex way.

4.1.1 Agreeing Action

Agreeing the action for the next meeting resulted in a surprise departure from the expected between cycle action. Co-researchers goals varied with their reasons for taking part and their unique understanding of the topic. At this point it felt like we were trying to discover the research task. It seemed wise not to impose a uniform task on the group because it appeared as though we were at a preliminary phase of an action research study and also because victimisation was experienced in a variety of ways. It was agreed instead that we would work with a specific client over the course of the inquiry and focus specifically on the victim presentation. Therefore the task was about observing and noticing their own experience during the therapy work, for some. For others, it was part of an ongoing inquiry and was about paying attention to and putting words to a pattern of incidents that affected the therapeutic relationship. It was agreed to record the experiences and events in the form of a diary, visual images or imaginings.

4.1.2 Challenges of the Meeting

Agreeing the questions to be researched was a challenge; co-researchers had few clearly formulated research questions, whereas I had several by virtue of my thesis proposal. On reflection, the need to agree a common research goal was poorly understood by the group. Brainstorming possible questions produced very general issues for participants, and these

loosely fitted with the questions I had formulated. People's reasons for taking part in the research also differed. Some expressed little, if any, knowledge of the topic but wished to join the investigation out of interest and desire to learn. Others struggled with their clinical practice and hoped to learn something new by participating. Yet others joined out of interest and a wish to both gain from, and contribute to, the research process.

Leadership was a dilemma and had its own effect on the method. I had assumed an implicit leadership role already, and was, by now, wondering about the pre-existence of a psychological contract (Walton, 1997). If such a contract were in place then it would be difficult for us to be democratic without violating such an implicit understanding. On the other hand, structure at the outset was necessary in order to make the process clear and participation voluntary.

4.2 MEETING TWO

Between meetings one and two, I had made contact with absent members and on request sent them a synopsis of the set-up meeting as well as the research questions. Here again I was taking a leadership role, however, I believed this was important ethically if my colleagues were to decide to take part.

Meeting two was bigger; five of six participants were present. However, the designated facilitator was unable to attend that day. I discussed this absence with members and it was agreed that another member would take that role, just for meeting two. We began with a check in. Several people asked for clarity about the research task. I provided some more information about the goals and philosophy of action research and reviewed the general questions to be explored as a way of grounding the inquiry again.

Several of the group shared their actions for reflection since the last meeting. There was a clear voicing of practitioners' sense of frustration with the therapeutic work. This seemed to be a unanimously shared experience and a profound reaction to victim work. The articulation of this experience opened the inquiry up to examining therapeutic impasses and practitioner distress at a persistent sense of failure to make any therapeutic difference. The group also reflected on some of the pressures on practice both from within and outside the health service and how the work was affected as a consequence.

4.2.1 Challenges of the Meeting

Part of the meeting was given over to explaining the method, task and research focus to those co-researchers absent at the set up. It became clear that their involvement would be affected by not being a part of the planning process at outset. There were almost two groups operating in the inquiry: one that was actively reflecting on the previous task and another that was getting to grips with the inquiry and process and attempting to discover what victimisation was about. This cycle was confused somewhat with participants operating at different levels and with a replacement facilitator. There were, nevertheless, some advantages to having two groups. Reflection on actions received considerable input from the two new participants, this contributed to deeper reflecting and revising of ideas. Co-researcher **S** demonstrated this towards the end of the meeting when she commented:

> ***S:*** *... it was almost a flash of understanding... it wasn't a a a it wasn't something I was thinking over weeks and weeks it was a flash this is self-pity… maybe you should wait before you say your flash of inspiration.*

Through discussion and reflection **S** quite suddenly made sense of a troubling interaction she had with a client and this enabled her to revise her original ideas and develop deeper critical self-awareness.

Perhaps the main challenge of the meeting was one of organisation. So far this was unspecified, as a result there were no set procedures for how the work was carried out. I found myself uncomfortably oscillating between insider/outsider researcher and group leader.

4.2.2 Agreeing Actions

As a result of the reflection the group agreed to focus on trying to break or change a repeating pattern. Furthermore, agreeing the actions seemed to have an impact on clarifying the research questions; the inquiry group was now clearly addressing how practitioners construct the victim-self and identifying the central difficulties that pose challenges to practice.

4.3 MEETING THREE

The third meeting was small, with only three participants initially with one other joining some time later. Despite this, the exploration was stimulating and captivating. Co-researchers grappled with very basic issues of communication which seemed like a struggle with connection. This struggle was evident at many levels: professionally, interpersonally and systemically. Co-researcher **J** commented at one point:

> ***J:*** *It leaves you the aftertaste it leaves you well hump this for a game of soldiers I'm minding myself.*

J reflected on the ripple effect of an internal investigation and became suddenly aware that it was continuing to have an impact on communication and behaviour at the most basic level. The focus shifted away from the task and towards sharing personally about victim experiences and the impact these had on practitioners' lives, work and worldview. There was also some deeper discussion of the constraints on practice coming from the health system which seemed to reflect the duality 'powerful organisation/powerless practitioner'. This also reflected a deeper experience for the group associated with national identity amidst a worldwide financial crisis and mirrored symbolically in a discussion about the collapsed Celtic Tiger. On reflection, this powerful metaphor pointed to therapists' courage and tenacity, coping in the face of exceptionally challenging work in a health service under severe pressure. There is a cost to such tenacity, however, which was perhaps reflected in the group's somewhat chaotic behaviour.

4.3.1 Challenges of the Meeting

It seemed that we were tacitly reflecting the victim-self's fragile and fragmented identity in both the discussions and the group process. The fragmentation was visible in the absences of co-researchers, people arriving late, leaving early and the absence of any facilitation by the facilitator. As an insider/outsider researcher I felt anxious, confused and uneasy, driven to rescue the group from the chaos and the often meandering spirit. I disclosed my unease with my leadership role and my fear of directing the course of the research, however, others were less affected by my role than I had imagined.

4.3.2 Agreed Action

I invited co-researchers to joint-read the inquiry transcript. Three of the four of us agreed to read a piece of the transcript and bring it to the following meeting for reflection. The idea behind this action was to encourage group ownership of the process, interpretations and knowledge created. We also agreed to observe and record the changes in our responses to the victim-self since the start of the research.

4.4 MEETING FOUR

The final session was larger with five of six people present. Those who had missed meetings felt disconnected and looked to be reengaged with the group. There was tension and disagreement about how we would provide feedback and update for those who had been absent. This time, the differences were aired openly in the group, making it uncomfortable but demonstrating the group's growth. The action agreed at the end of the last meeting was planned as a way of updating and feeding back to the participants. However, only one other colleague had read the script, and they remembered little about it and was unable to comment. Once again, this positioned me as the owner of knowledge within the inquiry and there was pressure on me to inform the group. Co-researcher **F** commented on the fact that I asked most of the questions at the last meeting:

> ***F:*** *Well I would have expected that though it's your it's your thesis.*

The struggle to come to terms with the insider/outsider position was a fundamental challenge and airing this core conflict demonstrated that the inquiry was striving towards authentic collaboration. The group was now shifting in that direction more openly. Ideas about victimisation and practitioner response had changed since the first meeting. There was now a greater awareness of complexity in the group's meaning making and new formulations constructed through action which fitted with practice.

During the tea break we openly and humorously articulated some of the more contentious issues in the group. The humour was surprising and playful because it was inclusive of many differing views which were less forcefully held. It seemed to me that this was an attempt to become more authentic and critically self-aware. The laughter seemed to

suggest the kind of irony that characterises self-awareness. It appeared at this point we had just become an action research group.

The group dynamics were tense at times during this meeting and it was not always comfortable. The separation of the inquiry into two sub-groups and a facilitator unable to establish herself proved difficult. Nevertheless, the inquiry managed to maintain a spirit of reflection and feedback throughout the meeting. There was passionate discussion and reflection and revised thinking about victimisation as a complex phenomenon. There was a noticeable change in emotional containment as practitioners talked about greater empathy and sense of ease in their practice. The group behaviour also reflected the change as those who had missed meeting talked emotionally about regretting being absent.

Co-researcher **D** felt that he had missed out:

> ***D:*** *I'm nearly annoyed annoyed is the wrong word... but I'm so sorry I missed that meeting because I felt that those things were beginning to emerge at at the end of the first* meeting.

D was frustrated that he was not able to contribute to constructing themes and ideas which, it seemed, excited him during the second meeting.

4.5 EVALUATION

The evaluation session was arranged for the afternoon of the last meeting. We jointly agreed on a format for the feedback: a facilitated brainstorming session followed by a group discussion about the learning from the inquiry.

As I had forgotten to record that evaluation session, I had no voice recording, only flip chart notes. I contacted the group to explain this and to ask if they would be interested in meeting again to review the work. There was considerable interest in meeting again but not as a whole group. I organised three face-to-face meetings and had one email feedback. The inquiry group was also experienced as consciousness raising and personally enlightening. Practitioners had become more aware of wider systemic influences generally and their reciprocating effects on agency. Co-researchers began to appreciate the

complexity of victimisation, and there was movement away from formulaic ways of seeing and doing and a sense of ease working with victimisation (see appendix F).

Practitioners made the suggestion that they should set up action research supervision groups across the services because the researching space brought an innovation and creativity quite different to conventional clinical supervision.

4.6 ANALYSIS

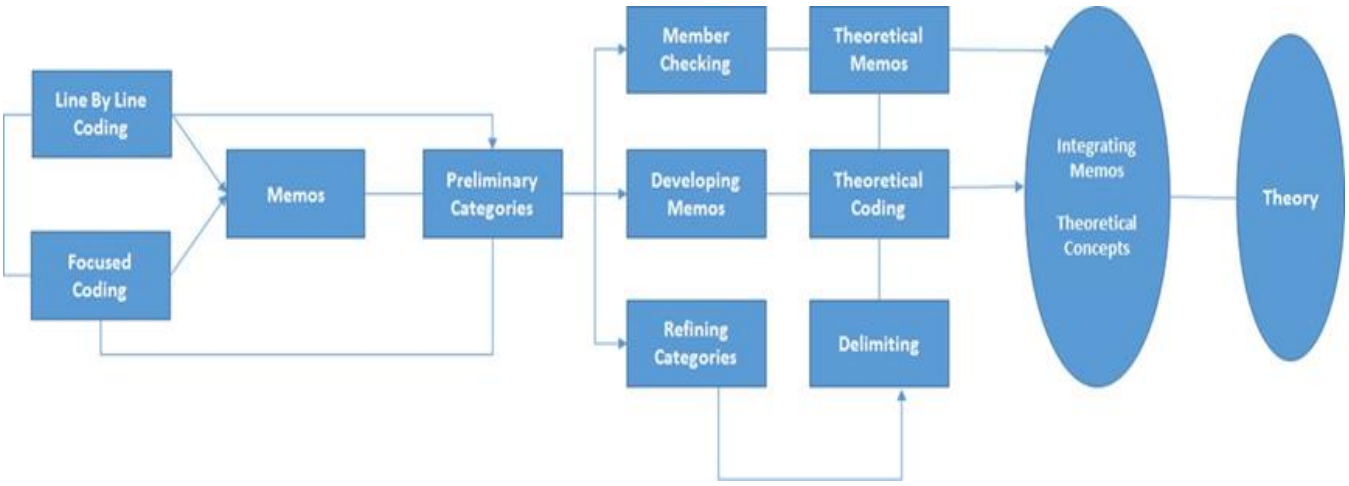


Fig 1 Data Analysis Process

4.6.1 Coding and Categories

When I had transcribed all the meetings, I began the initial stages of the data analysis: micro-coding. The coding process was both ordered and disordered. On first reading of the texts, I conducted a line-by-line analysis which was useful in identifying the detail in talk and conversation which might be missed otherwise. It helped to prevent premature theorising and focus on the intention of the speaker. This process generated a large number of preliminary categories (appendix H).

The next task was focused coding which I was already doing concurrently with the line by line coding. At this stage I was examining larger sections of the transcript and identifying themes. I then made coding selections for best fit. Two broad categories began to emerge: victim expression and practitioner reaction. Focused coding helped in the production of

properties associated with these categories including some in-vivo codes. The categories now began to develop some theoretical meaning and relevance.

I had been writing memos into the transcript since the initial line-by-line analysis and began to elaborate on these as I returned to read the transcripts for a third time (appendix I). Now I had detected three subcategories of victim expression and three categories relating to counsellor reaction to the victim-self. On large pieces of flip-chart paper I began to make drawings of the various concepts which helped me to make connections I could not develop through writing memos alone. Using a mix of drawings and memos I began to refine and conceptualize the categories. The inquiry process brought another dimension to the analytic process, capturing the revision of ideas and how participants moved through a process in meaning making. Concepts across the transcripts contained movement as well as form and structure. The drawings, however, made me aware that for the most part during the analysis process, I was selectively filtering out my own input as a co-researcher. This made me question whether I was conducting research 'on' rather than 'with' others.

4.6.2 The Insider/Outsider Position in Analysis

To some extent I lost my way through the analysis and needed outside help to see my own contributions as data. I struggled during the process with whether I was being reductive, forcing the data or coding from my own personal stance, hence my hesitation at including my inquiry contributions. Therefore I had three meetings with a 'critical buddy', who listened to the recordings with me and reflected on the process, my contribution and the possible meanings. Together we focused on process in the investigation. This brought greater depth to the preliminary categories and themes I was developing, and was the key to analysing my own input. I also discovered the necessity of delimiting, since I had developed some core ideas which my critical buddy confirmed were coherent, had resonance and were connected to the data. I now had another strategy for reading the transcripts and approached my own contribution as further data. However, despite the possibility of any consensus collusion between us, consulting did help me to move between the polar insider/outsider positions in my analysing, and helped me to see sensitive concepts as both data and part of a constructing process.

4.6.3 Concepts

The core categories began to take shape as I focused my comparison on the refined categories. Properties developed which gave them strength and coherence. Along with this I was also discovering changes in how ideas were fathomed and presented from meeting to meeting. By now I was clearly identifying four conceptual categories: 'victim expression,' which was developing shape and form alongside the second category: 'struggle with agency'; category three: 'struggle with empathy'; and category four: 'learning from the inquiry' (appendix J). This was now preliminary theory and I wanted to get feedback from my professional peers with regard to its credibility.

4.7 CONSULTATION

6.7.1 Inquiry Group Consultation

As theory was now beginning to develop, hearing other voices seemed an important next stage. I set up a consultation meeting with the inquiry group which I hoped would have several functions: to obtain feedback from the co-researchers on whether the analysis felt like an authentic interpretation; to hear other perspectives and interpretations; to see whether it remained faithful to the multi-voiced approach of the methodology; to help me expand on, and explain the evolving ideas and theory; and to hear from others regarding the coherence and relevance of the findings (CD1).

I took the role of facilitator and produced a power point presentation. I incorporated a variety of ways of gaining feedback during the meeting: pair work, making brief notes, group discussion and asking for specific feedback. I clarified the purpose of the meeting and the kind of feedback I was looking for.

There was, of course, a natural curiosity about the findings and the final meeting was fully attended. People easily connected with some core categories I presented and, at times, it seemed to have a deep emotional impact. The discussion confirmed the connection of the categories to the data and to the co-researchers meaning. There was some disagreement about my interpretation of agency which other co-researchers maintained was constrained socially and politically. This feedback was useful and indicated I needed to review my

reading of the transcripts. The group did not challenge the findings per se, however, the enthusiasm displayed for some categories contrasted with the cooler response which greeted others. The group had little to offer in terms of feedback to these ideas, perhaps indicating their inaccessibility. I took this contrast in reaction as an indication that the categories and theory were, as yet, not fully conceptualized. That feedback allowed me to work further on my memos and search for more refinement in how the categories relate and connect as theory.

As it had been a long time since the previous meeting, we decided to stay, have coffee and discuss the research in general. This casual exchange revealed some of the impact the venture had on practice in very simple and discrete ways: the many reminders of victimisation which stayed with one colleague and how I too had remained in her head at certain critical times. Another colleague disclosed how their clinical work had been expanded upon by their involvement. Yet another colleague, who had travelled quite a distance, confided that she elected to be here even though she was on annual holiday, demonstrating the deep meaning involvement was still having for her. Almost 12 months later action research still had an impact, prompting some of us to consider the value of setting up a research supervision group.

I transcribed that meeting and analysed the scripts, this time I had categories already created and I analysed for comparison, the development of memos and identifying variation in accounts.

4.7.2 Conference Presentation

I submitted a PowerPoint presentation of my research to the National Counselling Service Tenth Anniversary Conference. This gave me the opportunity to present some preliminary analysis and get feedback, not just from my own colleagues within the National Counselling Servicer, but also from my peers outside the health service.

The feedback was mixed. Some found the focus on victimisation a biased representation of survivors of childhood abuse. Others found the research approach interesting, but criticised my emphasis on the inquiry group's findings. Perhaps these were early indications that I had not given adequate consideration to the method, and as a result

there was not sufficient authority in the findings or their possible meanings. Other feedback from the presentation indicated relief that National Counselling Service practitioners struggled with this work as much as others. Similarly to the inquiry group, the idea that victimisation presented as a clinical challenge resonated with therapeutic professionals across the board, (CD1).

4.7.3 A Journal Paper

The National Counselling Service was also producing an anniversary journal, To A Light that Shines (2010), written by practitioners. A member of the review board approached me during the conference to tell me that he had read my submission and had not previously come across victimisation dealt with in such an integrative way. He said that he had been aware of elements of victim theory but that my article formulated the ideas in a new way.

4.7.4 Submitting a Symposium Paper at a Conference

I applied to the British Psychological Society, Northern Ireland Branch conference committee to have my work included as a symposium paper at their annual conference, which was accepted. The feedback was positive but mainly in terms of its novelty as a clinical subject. There was interest in the inward focus of the study but few, if any, challenging comments on the work overall. The feedback that the subject received consistently centred on its difference and novelty. The study was clearly raising awareness among practitioners.

4.8 CONCEPTUALISING AND CONSTRUCTING THEORY

The overall idea of victimisation as clinical issue resonated generally with practitioners. Some of the core categories found consensus among the inquiry group. However, others seemed less well developed and generated little feedback. The presentations also enabled me to reflect more critically on how coherent the theory was. The clusters I depicted representing the theory seemed insubstantially related to each other (appendix J). I needed to revisit these ideas.

I returned to the focused code and the memos, I continued making comparisons and further delimiting the concepts. The feedback gained through public exposure of the study sparked new ideas and, as a result, I worked on elevating the categories to concepts and generating greater abstraction. I was now making comparisons between the concepts and checking these against the scripts. I diagrammed and drew clusters as a way to make links and theoretical connections and I used the new ideas in clinical practice and let this further inform me of the trustworthiness of my theorising. I then returned to the transcripts to compare them with the data until nothing else that was new emerged. By now, a more coherent theory was developing which had three core categories: 'victim positions', 'struggle with empathy' and 'struggle with agency'. They had a clearer connection and were grounded in the data. However, the three categories were still simply descriptive and, whilst they linked together, somehow the theorising lacked substance.

I then made presentations of my work to The British Psychological Society's Division of Counselling Psychology Annual Conference and Middlesex University Summer Conference. At the latter event, I received good feedback which questioned the execution of the methodology, but also confirmed that the subject had considerable relevance for practice. At the former, the ideas resonated with practice but it was criticised for being too inwardly focused. (CD1)

I looked again at how I was conceptualising and whether I was delimiting. I revised the core categories, focusing on the major themes at a processual level. I was now focusing on the way co-researchers talked about their ideas over time and the way the group interacted during those reflections. It helped me to look afresh at the major ideas which had relevance throughout the whole inquiry. Delimiting became a more logical task because, when looking again at the data, I found connections which I was unable to see previously. I identified three core categories, all of which achieved better theoretical abstraction and reach. They all related to the basic inquiry questions and had clearer connections to practice, the research questions and to the data (appendix K).

The way I conducted the analysis reflected how I view research and practice alike; as social interactions. That standpoint coloured my rendering of the data, which was more about interpretation than discovery. There were times when the data did present as discoverable

and what was uncovered seemed more like a static concept than an interpretation. Whether other researchers would make the same or similar discoveries is uncertain.

The grounded theory method offered me a systematic frame within which to develop my interpretations and theorising and ground them in the data collected. The grounded theory produced here reflects a matrix of interactions which had meaning at a certain point. This meaning may continue over time; however, I suggest it may do so in an evolving and fluid way.

CHAPTER 5

5.0 FINDINGS: MAKING SENSE OF THE VICTIM-SELF

This chapter has been divided into two sections. In the first section the findings of the cooperative are presented and address question one:

1 How do practitioners construct the victim-self in practice?

(a)How are they impacted by the presence of the victim-self?

(b)How do they respond to the victim-self?

The sub-divisions a) and b) were necessary in order to make sense of what it means to 'construct' something in terms of clinical practice. The research was anchored to practice interaction and therapists experiences

Generally speaking, victimisation was not a common focus for any co-researcher. The inclination was to explain the victim as an impediment to therapy or as a form of psychopathology. However, there was clear interest in discovering new, different, novel, creative and effective ways of practicing with the victim presentation. The actions taken between sessions reflected the willingness to experiment and perhaps unlock some elusive understanding or approach.

What emerged was a picture of the victim as an aspect of self which was purposeful, goal directed and political. It challenged participants' prejudices, assumptions and ways of being and drew out their creativity and playfulness.

The second section deals with the learning outcome for the co-researchers and addresses question two:

2 What changes can practitioners make to practice as a result of collaborative researching?

This question addressed the impact of the co-operative method on learning; specifically on change. The group, as learning method is not only about cognitive transmission but involves many ways of knowing: tacit, experiential and presentational. I therefore also

included process issues from the whole inquiry as evidence of the group as learning method.

SECTION 1

5.1 THE THEORY

The analysis produced the diagrams below, which represent the theory of the victim-self. The findings indicate that the victim-self is used as a badge that facilitates the victim to take up a number of positions in negotiating the self and the world. The various positions function in a way that places a bind on practitioner agency. Practitioners frequently respond in urgent ways to escape the distress of the bind and in so doing, compound victim impotence and threaten the therapeutic relationship. Therapy can be experienced as grid locked and pointless. Practitioners can, however, alter their responses in a systematic way that acknowledges victimisation and addresses the bind.

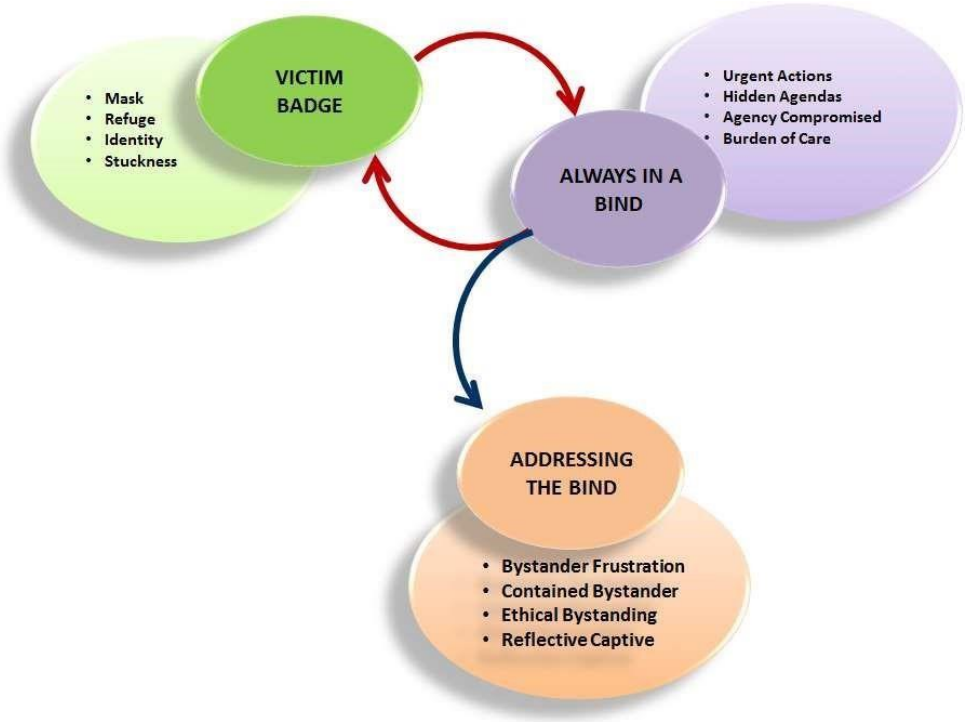


Fig 2 The Badges of Victimisation and their Influence on Agency

A brief outline of each of the three categories is provided, followed by a detailed summary of the findings.

5.1.1 The Badges of Victimisation

Fig 3 Cluster 1, the Victim as Badge.

The victim-self takes up a number of different positions that seem to function in order to regulating a tricky balance between risky victim exposure and meeting the victim's internal need for security.

The victim-self presented as a ***mask,*** for the injury, injustice, and suffering of the victim experience. The inquiry group talked about how the client physically presented in a certain way or with a particular demeanour representing a *badge* of his or her victimhood.
At other times, the victim-self operated as a kind of ***refuge,*** providing solace and protection. Victim-selfhood enables the person to survive mentally without collapsing. On the other hand, the badge of ***identity*** depicts the character of the victim-self and the way it functions to provide stability, certainty and continuity.

The victim-self operates in a confining and imprisoning way, which suggests a kind of ***stuckness.*** This stuckness seemed to fix both client and counsellor in a kind of frozen narrative, experienced as a trap or a prison.

5.1.2 Practitioner Responses to Victim Expression

Fig 4 Cluster 2, the Bind on Agency.

Practitioners identified agency as the central difficulty in their therapeutic work with victimisation. They reported that it seems to stall the change and progress characteristic of psychotherapeutic work. It seems the victim-self functions as though agency is *'switched-off'*, which had an evolving impact on practitioner agency and containment. Over time, therapists began to feel that their interventions were futile. Attempts to create some shift or movement in the therapy seemed difficult and consequently affected the relationship. Practitioners began to feel in a continuous bind with the victim-self; needing to respond effectively but finding little room to manoeuver. Eventually therapists responded with 'urgent action' that potentially negatively influenced agency. Emotional containment was impacted by this distressing bind, from which escape was sought.

5.1.3 Addressing the bind

Fig 5 Cluster 3, Addressing the Bind on Agency

In addressing the bind on agency, practitioners discovered a containing way of working with *agency switched-off.* They constantly revised their therapeutic stance by moving through a series of stages from *bystander* to a *reflective* position. This more consciously dynamic approach to victim work brought greater awareness and leverage to practice.

The section which follows outlines each cluster in turn, detailing the findings of each category and subcategory.

5.2 CATEGORY 1 THE BADGES OF VICTIMISATION

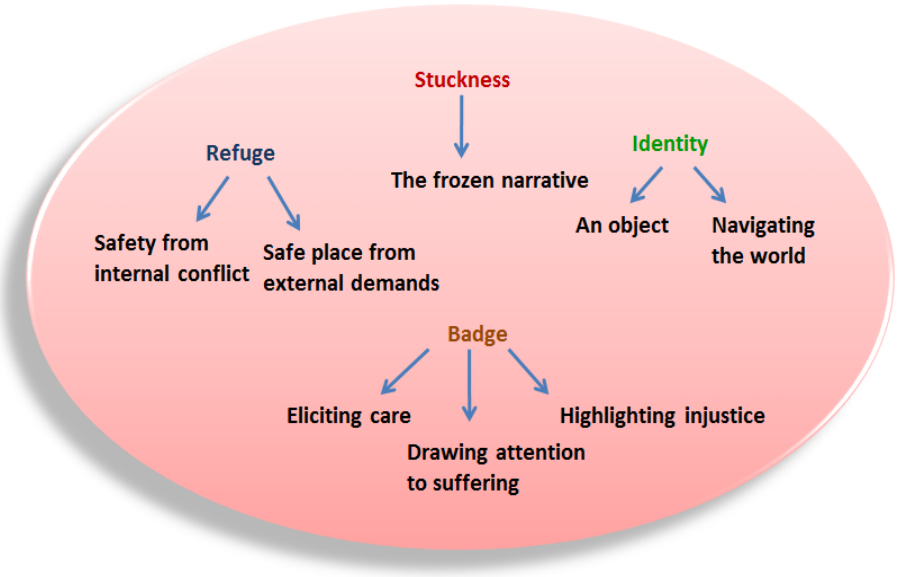


Fig 6 Depicting the 4 sub categories of category 1.

5.2.1 MASK- eliciting care and drawing attention to suffering

The mask was constructed and produced as a physical manifestation of victimhood. It seems to indicate the need to display victimisation covertly as proof of injury. A bodily scar or demeanour or physical appearance offers social protection from derision and dismissal. In the face of denial or rejection, victimhood takes on an outward sign. Making the internal scars visible is also a clever way for the victim to get that which is yearned for i.e. care and acknowledgement. The mask therefore provides the possibility of acknowledgement while also offering concealment from public scrutiny.

> ***C:*** *... Her big issue was that people couldn't see how wounded she was and she was very wounded but (laughs) about four years in she developed a sort'v gammy leg and she was a young woman so she had to have a stick and then she began to see herself that if she didn't have something that people could see which was the gammy leg which the doctors could find no basis for... she said maybe I've needed this stick because I want people to know and ask me what's wrong with me ... an' her gammy leg used to drive me*

cracked because I'll be stuck with (laughs) the gammy leg now for another four years. (laughs)

J talked about her client's need for constant care from others:

> ***J:*** *She's in her early 70's not a good early 70's physically, first time she came to me her arm was in a sling and you would describe her as a little old lady ye know.*
>
> ***J:*** *Ye know my client in this particular case ye know really would have none or very poor sense of responsibility… it's all poor me do me help me ye know kind'v carry me bag help me across the street uh uh uh ye know.*

C and **J** both talk about the demonstration of victimhood and the victim's preoccupation with making something visible to others. For both **J** and **C,** the mask itself posed a challenge as it drew out their prejudice and interfered with the concept of therapy. The demand for care was seen as a dreaded prospect because it was suggesting a need for reliance on the other rather than on self.

The group described how victimhood was expressed in external appearances and demeanour, in the forms of deprivation and disability, conveyed not only in propositional terms but also in a presentational way.

> ***S:*** *Had visions of a skeleton character literally a skeleton zombie character opening my door... I actually saw this coming into my room I was thinking what the bloody hell is this... and it was quite frightening face skeletal face.*
>
> ***A:*** *He's just finished a degree in *** like if you met him you'd think he was nearly a down and out an' that's not an exaggeration.*
>
> ***A:*** *He's eh he doesn't speak well... he's very slow and slurry ... an' takes a long time to say something.*
>
> ***J:*** *She was presenting major crisis major collapse major allsorts.*

The zombie image seemed to symbolise the clients' internal deprivation and is a powerful representation of the client's sense of isolation. It indicates that victims of abuse can experience themselves as monsters, unfit for society. The 'down and out', as a mask, serves two functions: the need for care and rescue, concealing guilt for offending, along

with hiding the shame of being an abuse victim. The disability mask suggests internal suffering and pain expressed outwardly as frailty.

The positions provoked a response in the therapist (other) – sometimes helpful, assisting the process – and other times in ways that jeopardised the relationship. The victim-self therefore takes up a subtler position in relation to the world by employing a mask to display hurt and injustice.

5.2.2 MASK-highlighting injustice

The victim-self seemed to function as a mask for publicising injustice and the resultant suffering. Where wrong doing is denied it can leave the victim uncertain about their innocence. The hope is that by speaking out to reveal the guilty party, the victim will be freed from the burden of their suffering. The internal wounds can consequently heal.

> ***F:*** *... it's all about everything that other people have done to her uum not her being able to see that she is an adult and has some control ye know over her own life and her own destiny.*

> **F***: It's nearly like if they move on with their lives in some there's there's thinking within them that is that saying that what happened to them is okay.*

When there is injustice or the absence of justice then the victim is disappeared and their suffering disavowed. The victim can become burdened by suffering and uncertain about innocence, redress and justice. Such uncertainty can leave victims feeling profoundly insecure about society's ability to acknowledge 'wrong doing' and their consequences. The internal wounds suffered are not easily healed. Therapy can become a double-edged sword; on the one hand, offering comfort and, on the other, threatening the internal victim stability.

> ***C****: I don't want people to think I've got better if I leave here does that mean I've got better... an' no one will know what happened to me.*

> ***A****: An' if it goes unrecognised you just can't let it go until it is validated.*

> ***J**: It's a real child thing... 'cause a small child knows when they've been wronged... an' it has never been acknowledged an' it grows in them... it's a core fundamental piece through lack of (pause) a wider (pause) justice system.*

C's client is suggesting that justice will not be served if she leaves therapy 'better'. Getting better rather poses a dilemma for both client and practitioner. As the client begins to comprehend the goal of therapy, it appears to conflict with her need to defend her victim position by highlighting injustice. Highlighting injustice is the mask that 'names and shames' and alleviates the internal suffering, chronic self-blame and is fundamental to humanity.

> ***D**: The primary thing is letting people know (pause) how badly I've been wronged how badly I've been hurt (pause) that's almost the pivot.*
>
> ***F**: My sense is that she doesn't feel she has to hold on to it as firmly I'm the victim here as uum... accepting I suppose that justice in the legal sense is not ye know which didn't happen for her is not (pause) ye know is not uum (pause) is not the only way of having justice it's the least probably way for most clients I would think... that's never saying it was okay... letting go doesn't mean that it was ever okay and she's getting there.*

Therapy implies change. For clients with a child abuse history, that often means 'letting go' of ways of being and coping connected with their abuse experience. For some, this may convey the message that what is required is self-sacrifice or something known in Catholic religious practice as 'offering it up'. This reflects the classic drama triangle where God becomes a container for suffering or a rescuer. Though the action is transformational, there are implications for agency within this kind of practice. The therapeutic task of letting go may return them to an older position of secrecy and complicity in the abuse for which penance is required. The findings indicate that co-researchers recognised that struggle at a tacit level.

5.2.3 IDENTITY –object

The inquiry group initially described victimisation primarily in terms of identity. However, these descriptions evolved over the course of the inquiry. 'Object' identity was one of the common versions that arose from the reflections. Co-researcher **A** reflected on her client's physical demeanour but she also went on to explore his sense of identity as object:

> ***A:*** *...it was good to have all that fed back... gave him a sense of himself and how he was functioning... I think he was like non-existent to himself.*
>
> ***A****: He's almost like a non-person.*
>
> ***A****: Yeah bury it's almost burying himself like I'm so awful I'm such an awful person.'*

There is a complexity to object identity that may serve a few purposes. As a sex offender, **A**'s client assumed an object identity perhaps as a way of remaining safe from reoffending and it might also publicly convey rehabilitation. Objectification is a preferable identity because it offers anonymity and invisibility and therefore safety from the self and the world.

One variation on the object identity was the disappeared self. In its place is a hollow shell that provides a vital function of ensuring relationship continuity.

> ***C****: He suddenly he said I became aware was the first thing he said that I couldn't that I pre that I pretend about everything in my life and that I talk in ro in a (pause) what am I saying (in breath) that he saw the opportunity of telling his mother where he was going and why he was coming here so suddenly he had an opportunity he'd never seen, before he may not do that... he may not do that but he saw he said I'm... I've imprisoned myself as much as I was imprisoned by my abuser that was a huge awareness.*
>
> ***S****: You described him as a ghost*
> ***C****: Yeah.*

There is a reassurance in being so captive and a certainty about being in the world. Being a 'nothing for others' ensures his own survival and preserves his relationships but at an extreme cost. **C's** client is profoundly isolated and has lived out an existence of objectivity.

It's as though the object identity seeks transformation from internal shame and guilt. This hope may also avoid the possibility of public recrimination and thereby ensure certainty and stability of the self and relationships.

5.2.4 IDENTITY-proof of existence

Identity was also expressed as a kind of way of being in the world, confirmation of existence. The victim-self acts a protector from the uncertainty of being in the world and from a self which has perhaps been deprived developmentally.

F talks about her work with a couple of clients:

> ***F:*** *… and it's nearly like she can't let go of being a victim that's what it feels like now.*
>
> ***F:*** *But it's nearly like I have to hold onto this for dear life ye know.*
>
> ***F****: Well it's just they hold on to it 'cause it's who they are.*

Co-researcher **F** suggested that being a victim is bound up with identity. Somehow the abuse has defined them.

> ***F:*** *Ye know an' if if they let go it's nearly like I'm just an ordinary everyday person.'..: It's always going to be part of her life but it's a huge part of her life a lot of the time and she gets quite distraught at times… so it's not wanting it's it's not wanting to let go of that because I'll just be an ordinary Joe Soap.'*

The suffering of the victim is disappeared through being 'ordinary' and that may mean that those responsible are also disappeared. This may leave the victim-self profoundly depersonalised so that being victim becomes a necessary identity, a badge which proves victim experience. Co-researcher **F's** construction of the need for a victim identity hints at a dilemma for client and counsellor; without the badge, the client's existence is in question, yet with it they are always different and always outsiders looking in. The therapeutic

encounter can become a tug of war without the awareness of what letting go implies for the client.

5.2.5 A REFUGE

The group identified another victim-self position that appeared to function as a refuge from internal and external distress. This represents a place of sanctuary, undemanding and without persecution. **J** struggled throughout the inquiry to make sense of her client's need of the victim-self.

> ***J**: It's still there, any kind'v behaviour usually stays or gets stuck if it was reinforced or… some sort'v um well the purpose of of of a refuge... uh ye know something like bolstering self-esteem... to be able to stay victim, it's not me, it's something like that.*

D suggests it offers *refuge from collapse:*

> ***D**: I suppose some people learn that if if (pause) an' it's not a completely conscious thing that oh if I go into this role now I'll be okay.*

The refuge can act as a *powerful bulwark against a demanding world* that keeps the person going.

> ***J**: I had the sense that somehow or other to let her experience that she could share her joy with me or with somebody else and not lose her power if if if Lord save us preserve us take care would I lose my victim because then you might expect things off me or ye might uh d'ye know that.*

The findings suggest that there is a fear of independent existence, which relinquishing victimhood might demand. This seems to indicate fear of desolation, loneliness and nothingness because with it come the demands of the world and the expectation of inevitable failure and self-reproach.

Furthermore, it would seem that clients protect themselves from external threats to their internal psychological distress by taking up a victim position and taking refuge there. Whilst internal equilibrium is preserved, this can pose problems for both client and

counsellor who can conspire to avoid therapy and engage in something 'safe, perpetuating stuckness.

> *D: 'Cause I I have a feeling that (33.38) the way yer describing her is that part of it might be well ye know your stronger than her an' she's just going to agree with you anyhow because you know better than me because I'm the victim here so when she acknowledged she was hurt I think that's taking that position ah well you know better anyway I am a bit of idiot.*

Taking refuge in victimhood was a common finding of the group members. It represents avoidance of the possibility of blame and exposure. **D** suggests that **S's** client needs *to take refuge in compliance* to keep herself safe emotionally and psychologically. There is fear of being exposed as blameworthy, which may confirm what the internal oppressor already knows. Therefore, the internal oppressor acts to silence dissent that may leave the client exposed. The refuge acts as a form of sanctuary from being found out.

5.2.6 STUCKNESS

During the first inquiry meeting, the group discussed the experience of being 'stuck'. It was a pervasive experience of being blocked by something, feeling interventions being restricted, feeling deskilled and unable to foster change. The feeling of reaching an impasse was a common practitioner experience that threatened to sabotage progress.

> ***F**: But she's she's just getting so sucked into that victim place… an I would never have only until the last months been thinking of her as being stuck in a victim place ..: I've worked with this woman for a good few years and it's only in that last time that I just feel we're not, we're stuck.*

There is an implied rigidity about this victim *place,* to which **F** contributes and feels powerless to change. Stuckness appears to offer the client certainty and security internally but is experienced by the therapist as imprisoning. When mirrored in the therapy relationship, it affected the practitioner's capacity for creative intervention.

5.2.7 STUCKNESS-frozen narrative

The findings also point to stuckness as a kind of *frozen narrative* where there is no possibility of developing alternative perspectives.

> **F**: *…and I have let her keep going and keep going and maybe I have enabled her to get sucked into the stories.'*

> **J**: *Like you'd could call it a victim as well… I didn't I wouldn't have that label on her but it's it's the same it's the stuckness part... and where she's stuck is the retelling.*

Reflection does not seem to penetrate the talk and the client appears locked into a particular version of their story. The restriction of the story is also reflected in the client's constrained identity and sense of isolation, shaping their existence.

Stuckness was also manifest in practitioners feeling 'stuck in a groove'. There was a sense of something being repeated over and over without any development.

> ***A**: I was doing was (pause) positive reinforcement all the time an' I'd go in today an' I sa I'll be aware of that and I'd finish the session and realise I'd done the very same thing.'*

> ***J**: This particular client didn't even have any community round her uum talk about stuck in a groove (pause) I was struggling and I was getting into a place ah bloody hell.'*

Stuckness was a pervasive therapeutic experience which affected the process, therapeutic relationship and the purpose of therapy. The natural change process became immobilised, resembling a state of halted development. The repeating frozen narrative became a hindrance to the purpose of therapy, which is change. There is a suggestion that practitioners felt deskilled and trapped by the narrative and the process. Stuckness became a feature of thinking, being and behaving, perhaps suggesting that the victimisation may have neurological implications.

5.3 CATEGORY 2 ALWAYS IN A BIND

Fig 7 Depicting the 4 sub-categories of category 2

Maintaining a sense of objectivity is an important and necessary aspect of therapeutic practice and enables therapists to work effectively. I have described this as the 'bystander position'.

In this study, the clients frequently presented as though their 'agency was switched-off'*. Practitioners often experienced themselves in a bind between maintaining a 'bystanding' position and intervening, which was experienced as frustrating. Practitioners attempted to escape the bind in several ways, which inevitably affected empathic connection to the client and to victimisation. Below is an explanation of the idea 'Bystander Frustration' as identified in this study followed by the findings for category two.

(* This refers to an apparent absence of the ordinary action behaviour undertaken to resolve difficulties. Instead there is a noticeable sense of powerlessness to act.)

5.3.1 BYSTANDER FRUSTRATION

'Bystander frustration' refers to the practitioner's emotional response to working with the victim-self. The victim's frozen narrative operated to entrap both client and therapist, offering little room for alternative views. The therapist's position as bystander meant they became witnesses to this and powerless to create any change. Witnessing and helplessness culminated in a pervasive feeling of frustration.

5.3.2 URGENT ACTIONS- urge to rescue

The impulse to urgently react to the victim-self was a major practice theme. Therapeutic practitioners may possibly be more empathically and sympathetically motivated to help victims than most and consequently, the bystander position seemed to conflict with an intuitive need to take some action. Practitioners described their struggle: to fix the client; dissociate from the therapeutic task and abandon the victim.

> ***D:*** *There's a bit of me that wants to jump in and rescue when they're in that place... when it gets really bad I have to watch myself that I don't jump in to rescue too quickly.*

> **S***: what's going on in you?*
> **J:** *That I can't shake this lady make her wake up and see stuff and make different choices and like I would make different choices.*

> ***S:*** *I felt in a way God this is terrible this is so frustrating what can I do.*

Practitioners described their reactions to victimisation as an *'urge to do something'* while also maintaining the 'bystander position'. While rescuing is an ordinary human response to the suffering of the other person, it presented the practitioner with a dilemma; to take some action to help the client, or to remain in the 'bystander position' and trust the psychotherapeutic process to empower the client to action.

'Needing to fix' can, however, conceal the therapist's difficulties connecting empathically with victimisation. It could be a disguise for practitioners feeling unable to meet the victim's dependency needs, which may conflict with the therapy agenda. Fixing, therefore, provided escape from the double bind on agency; offered some emotional relief from the distress of the bind and avoided the associated feelings of therapeutic failure.

> ***D:*** *But if you have some knowledge or skills that you feel you can impart to that client and you don't I would feel remiss in my duty as a therapist so in that sense you do have to have a bit of an agenda... they don't have to do it the way you want, you at least give them the choice.*

> ***J:*** *That's was that was the biggest learning for me uum with that particular client was to let go of the need to rescue just let go of the agenda really.*

5.3.3 URGENT ACTIONS-urge to dissociate

The findings suggest that practitioners struggled with an urge to dissociate in response to the research task and the inquiry process.

The victim's childhood experiences are challenging to bear witness to. The suffering can be difficult for both client and professional to tolerate both intrapsychically and intersubjectively. Practitioners in the inquiry group experienced similar difficulties which fall into two categories: needing to detach from the work, and problems maintaining empathic connection.

> ***C:*** *Here was a man actually he's been profoundly silenced all his life doesn't speak really about himself yeah an' I'm thinking Jesus will you talk about what's important is what I'm feeling for feck's sake crik ye know is is what I'm feeling… well Jesus I'm really here to hear what you're saying and yer talking about the sun and the traffic.*
> ***C****: Jesus mean should I finish therapy with this fella is it going anywhere?*
>
> ***A****: And so it is extremely difficult I was just saying to* ***S*** *that even coming down this morning I was thinking this is really hopeless ye know where are we going?*

There was a constant struggle to maintain empathic connection amid strong feelings of the pointlessness of the work and an urge to finish the therapy. What may have originated from the victim experience was mirrored in the relationship, leaving both client and counsellor quite stranded and therapy became a futile endeavour. The urge to dissociate was also evident when empathic connection was repeatedly severed through intrapsychic repression.

> ***A****: So what I discovered I was doing was (pause) positive reinforcement all the time an' I'd go in today an' I say I'll be aware of that and I'd finish the session and realise I'd done the very same thing so I was aware of this happening and wondering why I was doing it.*

> ***A**: But my question there is am I am I colluding with him in some way by reassuring him… and then I started thinking and say well is ye know am I actually avoiding that low place... an' I know that maybe there was something being not said but I felt intuitively that this was needed… on the other hand I do address it at some level as well during the session.*

Co-researcher **A** seems to suggest that access was denied to an area of her client's experience and was frequently enacted in the therapeutic interaction. A repeated severing and reconnecting dynamic took place between them that pointed to dissociation. The severing was also reflected in the practitioner's collusion in the denial and in her struggle to reflect on this. The response began to resemble a compulsion.

The inquiry group itself exhibited many episodes of forgetfulness during the process. The behaviour was so mundane that it was seldom remarked on by others. However, it seemed as though the group was enacting dissociation, suggesting that it may be a feature of therapeutic work not only with abuse but also with victimisation.

> ***C**: Why did I not take responsibility I this this I don not facilitating the process (pause) it seemed difficult for me I mean I think I kind'v forgot about it in the process I forgot that that was what you asked I didn't forget and I did forget I did and I didn't forget.*
> ***F**: You can remember all of what we talked about maybe in the last session I mean I had to really tune in.*
>
> ***D**: …preferred actually if you remind me a week or two whenever you're ready remind me of that request …only saying that 'cause I don't have my diary with me and I have a head like a- I could forget.*

The urge to dissociate was visible in incidences of forgetfulness in everyday things and feeling disconnected during the inquiry process. These actions were likely to be enactments of dissociation associated with the therapy context as well as a process reaction to the inquiry itself. Reflection was often difficult because it conflicted with the urge itself. Without reflection, practitioners were at risk of re-enacting the repression in other contexts.

5.3.4 URGENT ACTIONS -urge to abandon

Participants reflected on the negative way society often reacts to the suffering of victims of abuse. Likewise, practitioners struggled to acknowledge the victim experience, specifically to maintain the bystander position when encountering the victim's switched-off agency, and to respond in non-urgent ways. This was managed at times by responding with an 'urge to abandon'.

> ***C****: I'm thinking of a client I have who I'm trying to encourage to go into a group an' he is resisting strongly and he is very much in the (pause) dunno what to say in the victim mode or whatever but anyway (laughs) an' I'm dying to shove him into the group maybe I should reflect on myself in that and my own process with with it.*
>
> ***J****: Your own need to shove him into a group your own need to get rid. (laughs)*
> ***C****: Yeah exactly exactly.*
>
> ***C:*** *I suppose she's worn everybody else out as well as she told her story I could see that people have left her in her life because there's this she told me that her her close friend had said I can't be with you now an' I was feeling ah Jesus now I'm not seeing her yet but this one is going to be difficult so what am I saying about that what's the question.*

The 'urge to abandon' is a form of protection from the emotional dependency needs of the victim-self. The dissociation is as subtle as emotionally preparing to cope with the perceived demand or the need to disconnect from the rigidity of victim agency. Reflection, however, brought greater understanding of the social mirroring that can take place in response to victim suffering and with it greater empathic containment.

> ***C:*** *Do you remember the NAMA* auction that was on recently in the Shelbourne?… and his mother who I suppose I was mirroring in some way went to the NAMA auction to try to buy him a house to get him to leave isn't (laughter) isn't that very poignant... it just shows you the power of the pain the guy was in the whole story.*

(*NAMA refers to the National Asset Management Agency, a service set up to deal with bad debt after the financial crash.)

The inquiry described societal attitudes that normalise wrongdoing and subtly *'disappear victimisation'***.** Those victims of the industrial school system often became targets of society's collective denial of injustice suffered. Co-researchers were careful not to place themselves outside of society and reflected on themselves as possible participants in denial and blaming.

> ***J**: An' maybe maybe if ye take society as a unit d' ye know what I mean and then not being able to tolerate or to hear the victim's story, Jesus it maybe getting frustrated with that one, if that's reflective of us as therapists getting frustrated with the victim... sure look'd didn't we all have a hard time an' all that kind'v thing and therefore that kind'v does the victim down or moves it away… in our society now ye know kind'v (pause) the victim's got a bad press there's no not much room for victimhood kind'v.'*

These findings suggest that there was a minimisation of the suffering of people who are receiving special treatment by the state. Society reacts enviously towards those victims while concurrently identifying with their suffering. The apparent contradiction appears to stem from the internalisation of pain and simultaneous denial. This complex response hints at trauma and the urge to dissociate. Victimisation publicly acknowledges the traumatic hurt and injustice which sets up this conflicting response. The victim therefore resembles a whistle-blower who disturbs psychological equilibrium.

The 'urge to abandon' also featured in the investigation process itself. Several participants were absent at different times, some arrived late while others left early and **C** was unable to facilitate the inquiry process even though she agreed to do this. There seemed to be a collective 'urge to abandon' evident in the behaviour.

The presence of this urge within the group perhaps hinted at the difficulty participants had with containing anxious feelings. The absence of a guide might have been experienced as abandonment at an emotional level, which was experienced as anxiety provoking. The urge to dissociate seems linked to the urge to abandon. Dispelling the anxiety was perhaps the immediate need within the group process that found expression in absenting behaviour.

5.3.5 AGENCY COMPROMISED-silencing

Silencing linked with many aspects of the research project. Co-researchers identified silencing as a dynamic element present in their work. It seemed to be connected to feelings of agency being switched-off and contributed to feeling in a bind. Being silenced by the reactions of others was a common experience, perhaps hinting at issues of social control, fear of difference and a need for certainty. Perhaps it also speaks of unspoken awareness of failure to empathise.

> ***S****: I worried that my role here would mean that I would do and say things that would make me feel victimised by the rest of the group... yeah yeah a fear and a worry I had that silenced me.*
>
> ***C****: For some reason last week I found myself feeling not being able to talk about myself I can't explain it but just your reminding me I remember thinking several times I mean talking about myself in a real way... now I silenced myself not saying other people did it to me but I had that experience several times and I was really fed up with it the end of the week.*
>
> ***S****: I have felt silenced by the organisation yes very very much so but I think I have also felt silenced by my work colleagues that's partly the organisation and I've felt silenced by um by my clients.*

Silencing was a constricting relational experience. The constraint on realness was experienced as oppressive for **C** who felt she must sacrifice an aspect of herself and for **S,** feeling paralysed. This highlighted the dilemma for authentic participation in the inquiry group. Silencing had a somewhat subtler influence on practitioners to do with their relationship to the power structures. The fear of possible victimisation by a powerful 'other' had the potential to silence. **J's** reflection on the effects of an internal investigation illustrated the potential ripple effects on practice and service provision.

> **S**: *I'm sure that experience silenced quite a lot of people.*
> **J**: *Oh yeah, uh I'm just ye I'm thinking here now is it still silencing.*
>
> **J**: *I mean I know one of the the rules if you want to call it that is around not bringing the organisation into disrepute… yeah whether it silences me or not I don't I'm*

> *not so sure at all so it's kind'v um ye know it's there ye know.*

The presence of the powerful 'other' was taken for granted at one level and constructed as quite benign; protecting the reputation of the system. However, at another level organisation influence was barely acknowledged, suggesting group think or a form of self-protection. This has broader implications for practitioner agency, which may be constrained by the requirement to protect the organisation above clinical judgement. Silencing then may not only affect practitioner agency but may also contribute to therapists feeling 'always in a bind' in terms of practice priorities.

> ***J**: The victim is sitting here and I'm here so like how are we what are we doing to support her or what are we doing to dismantle*.

Without awareness of the operation of parallel processing, practitioners may unwittingly contribute to the construction of client victimisation.

5.3.6 THE BURDEN OF CARE

There was discussion about the burden of the work at times. The burden was variously constructed but linked to care and caring.

> **S**: *I have felt it's so such a weight with her of her sense of victimisation… huge weight of that victimisation an' I actually felt it in my body.*

> **S**: *God and my body wasn't good with her and my head had headaches desperate unending headaches with her as well.*

There is a suggestion here that practitioners empathically experienced some of the client's traumatic burden. With **S's** client, the burden was connected to the client striving to confront abuse within the family when several others denied it or excused it. The client was left to carry the victimisation of others. Caring in the form of standing up to wrong doing was a burden and mirrored in the therapy relationship.

Practitioners might shield themselves from such powerlessness through urgent actions to abandon or dissociate. The dilemma for participants was in risking empathic connection; experienced as physically distressing. Caring for clients then felt burdensome, exhausting and disempowering.

> ***C**: I was feeling ah Jesus... this one's going to be difficult I remember very clearly now (pause) she's a heavy load.*
>
> ***F**: Yeah I think I did feel burdened in a way… I was annoyed as well because there are other ye know there're other people resources that she can access…*
>
> ***D**: So part of what I'm doing is responding to my own sense of helplessness to help the client pull them out of their helplessness.*

The practitioner represents the 'caring society', which demonstrates victim concern and can become the container for great distress. There was a powerlessness associated with being subjected to the unwanted emotions of others; **F** feeling responsible for the client's safety, **C** feeling a sense of dread, **S** suffering physically with her client and then feeling isolated by the inquiry process and **D** working too hard. These reactions hint at the victim's need for a relationship of objectification that would bring relief from the uncertainty and anxiety of unclear interpersonal boundaries. The victim-self may be trying to restore the balance of responsibility in relationships and therefore achieve justice. This could be achieved through becoming helpless and object of the other.

The responsibility/dependency dynamic was also evident in the group process. **S** felt burdened with the task of restoring subject/object separation to relieve the group members of their confusion and anxiety, whilst group members sought direction and guidance throughout the researching process. Subject/object splitting provides a sense of certainty that participative approaches do not.

5.3.7 HIDDEN AGENDA-practitioner control

The theme of measuring client improvement seemed to suggest that other agendas were in operation as part of practice. Though participants were divided on what measuring meant for them, it seemed to relate to the need for control. Scaling suggested that

therapists needed to create an anchor that acted as a buffer against loss of control. The inquiry hinted that subjective evidence alone was unreliable. Nonetheless measuring offered the practitioner a greater control of the direction of therapy.

> **F**: *And ye know… I didn't actually get her to scale 'cause she said more of the survivor now (pause) … I would use scaling I didn't actually get her to scale it which might might be something useful... to do as well ye know how much of her but there is that going back and forth quite a bit still and and that stuckness was was I was failing I did say that to her that I'd gone way back um…*
>
> **F**: *Yeah yeah it was it was and what you said **A** there would be actually quite useful too to go back to it again and just thinking about it and to use scaling and and seeing.*
> **A**: *I think I I would use a scale but I think it it was it was really better what you did to keep teasing her I think is a better way and then maybe a scale after that.*

Measuring brought to light the ways in which practitioners grappled with the issue of control generally. For **F**, the client describing herself as a survivor was an indication that risk was no longer a therapeutic concern and suggested a hopeful outcome. In this case, she did not need to use a scale to measure the level of distress. The label survivor in itself was a powerful indicator of health, it appeared. This is echoed by co-researcher **A,** who endorsed the use of a scale to support the subjective judgement; perhaps suggesting that subjective measures alone do not always provide the kind of certainty practitioners might need working with the victim-self.

Not knowing was a feature of the therapeutic work and a difficult position for therapists to negotiate. Measuring and scaling offer direction and clarity. They can provide the practitioner with some objective evidence of distress and guide the practitioner towards accurate interventions:

> ***J**: You know again if there was a fly on the wall and somebody says ye know how how how is this work if you were to scale or how it I I (laughs) don't know how much it would have gone up or down the scale.*
>
> ***J**: To be honest with you in terms of how we would define success or growth or whatever I I can't answer*

> *any any of that ye know … but I have a sense that that for the hour that she's in the office with me… d'e ye know what I mean I have a sense that it is a good hour for her in the week.*

J's account of her work with her client demonstrates a lack of practitioner control. Objective measuring might not confirm progress as such. However, **J** emphasises her own subjective judgement which confirms that the client is benefiting from the meetings. The client therefore confirms the value of therapy because it has an internal effect. **J** tells the group later in the discussion that "most people do not understand that it is an internal process", which implies that scaling moves the 'locus of evaluation' to the professional.

Measures and scaling offer practitioners both visibility and validation as professionals in a public health system.

Co-researcher **D** reflected on the need for 'some control':

> **D**: *But naturally coming from a CBT perspective you do need a bit of an agenda.*

> **D**: *But if you have some knowledge or skills that you feel you can impart to that client and you don't I would feel remiss in my duty as a therapist so in that sense you do have to have a bit of an agenda that if you do... they don't have to do it the way you want, you at least give them the choice and say well look I wonder would this help kind'v thing right if they don't take that fine but if I haven't done it I haven't given them the choice.*

There was a belief that giving the client something was about being a responsible professional, which implied that process work alone could be construed as withholding or unprofessional. Furthermore, giving the client something implied client choice. However, this perspective rests on the view that clients are recipients of services rather than equal participants. The locus of responsibility therefore rests with the professional to 'provide' something. Control is constructed as the expected behaviour of the serious therapy professional.

5.3.8 HIDDEN AGENDA -the therapist's purpose and role

The urge to rescue was identified as a reaction to the frustration of agency switched-off, however, it seemed to link with practitioner style and orientation also. Rescue was a somewhat contentious theme within the inquiry. The findings suggest that practitioners took up two positions in relation to agency switched-off: proactive and containing. Proactive interventions were warranted on the grounds of risk; constructing the practitioner as ethical and responsible.

> ***F**: Yeah but I suppose this client I was thinking ye know and there are going to be more situations up ahead that are going to throw her I'm concerned that she might be thrown right back into that (pause) place.*
> ***A**: Suppose it's important that we don't try and change them from victim to survivor or expect that even.*
>
> ***F**: I suppose some of our work is ye know I would see it as being (pause) ye know (pause) them recognising their own strengths to deal with these situations because they are going to arise.*

A proactive stance is warranted on the grounds of responsible practice, however that warrant may also suggest a practitioner hidden agenda to move the client towards a practitioner desired goal. Being aware of the influences on interventions is regarded as essential to ethical practice.

> ***D**: I know that when I'm in the presence of victimhood I'll put it that way then it's really frustrating for me a part of my own rescue package is what can I teach them... it's a good thing that you raise in that I know I am partly hearing myself in that moment it's like I know I have to produce something because I feel the helplessness of the victim... I absolutely put it out on the table I know I have this thing about rescuing an' I have to watch this very carefully... so I have to watch myself that I don't- that I can sit with that for a while ye 'cause that's part of the process*.

Being mindful of the existence of hidden agendas constructs practitioners as self-aware, non-defensive and open to change. Within a multi-professional therapeutic service, it may be vitally important to practitioners' sense of identity to demonstrate the capacity to be

both proactive and containing, otherwise they may be open to the charge of operating hidden agendas.

> ***J**: Yeah uum I suppose the significant thing again for me would be my own Achilles' heel of needing clients to move or to uum do stuff… no let go of of my agenda to come on to move this along here.*
> ***S**: That's your professional agenda isn't it?*
> ***J**: well you know the way this the in our training ye go in you don't have an agenda that you that they have to achieve this this this ye know to lose that kind of an agenda*

J suggested that her own hidden agendas were at the core of her need to develop therapeutic progress whereas **D** and **F** strove to strike a balance between style and containment.

5.3.9 HIDDEN AGENDA -organisational influence

The effect of the organisation on the work seemed an uneasy subject for the group to examine. There were times when practice was talked about in more bureaucratic terms: risk, responsibility and the social and political implications of the work. Talk of practice took a more defensive turn then as though therapists needed to shield themselves from becoming victims of organisational power. **D** talked a lot about his instinctive response to the victim as a kind of fixing. Contextualising this as his CBT allegiance, he nevertheless justified his stance in terms of avoidance of risk and based on evidence.

> ***D**: The other piece that's always present for me anyway is we're part of an organisation risk responsibility all that sort'v stuff so I think that comes has a bearing in terms of how you see what you're doing in the session, cause as you said a fly on the wall if someone walked in would they understand this is actually helping what that person needs at this moment or would they say f***** sake there's nothing going on here that's useless... right d'ye know what I'm kind'v saying so I think that that's always present.*

> ***D**: I think there's something about being part of an organisation as well that ye know there are enough cases of what I'd call actually I heard this quite recently*

as Joe Duffy factor someone goes on and moans abo about the HSE not doing something or whatever like if someone were to damn supposedly objectively what yer doing, it, would they see that that that's actually work... I have actually have done something..*
*(*Joe Duffy hosts a phone in radio show on the Irish* Broadcasting *Service RTE)*

These constitute 'warrants for fixing' and a kind of defence of a clinical practice that produces something. These warrants assume certain things about being a therapist within a public health system; organisational vulnerability to public derision and the potential for therapy to be seen as unsafe. The organisation itself becomes an influential agent on how practice is shaped because its policies constitute a powerful means of protection against allegations of harm and possible litigation.

***D**: I suppose I'm I'm more conscious of people outside the National Counselling Service... okay and going not really understanding… whether barristers or lawyers or whatever even eh some ye know managers looking at figures.*

There is a systemic agenda beneath the therapeutic work. Professional legitimacy or even survivorhood is conferred from a wider public arena. Status and esteem derive from conforming to an established tradition in clinical practice, which is scientifically justifiable and publicly defensible, constituting greater protection against allegations of harm. Practice struggles nevertheless have a link to the hidden influence of the organisation.

***J**: ... But it's it's a piece ye know yeah (pause) d'ye know would would would are there clients that ye might be more challenging with but I'm because I don't know how they'd react they might storm out do all sorts.*

***J**: That's where I would see the organisational influences cause we take all comers as you as you know I mean... free service ye know uh so actually the... it is in the room really d'ye know an' we often have this conversation at our own meeting d'ye know... we joke about it ye know throw it out as a joke ye know what's coming down the track who's looking over our shoulder and that kind'v thing ye know.*

***F**: I suppose the whole process that organisations just protect themselves and we need to look after ourselves...*

yes because ye can't depend on the organisation to mind you.

Whilst adhering to policies and accepted traditions within the organisation can favourably affect status and profile, practice itself can be influenced in a defensive direction that is practitioner rather than client focused. There was some consensus among the group that the organisation can resemble a kind of 'big brother' and the surveillance culture affects practitioners' agency. There is a suggestion that clinical work is modified by fear of falling victim to organisational power or naively relying on it for support. Warrants for fixing make visible the organisational influences that can nudge professionals towards defensive practice at times. Furthermore, practitioner agency can be compromised by those hidden agendas that can effect clinical decision making. When support is not guaranteed, practitioners may become cautions and self-protective.

5.4 CATEGORY 3 ADDRESSING THE BIND ON AGENCY

Fig 8 Depicting the 4 sub-categories of category 3.

The findings here suggest that the victim-self poses a determined challenge to practitioners' capacity to remain in the bystander position and also be agentic. The

investigation directed itself towards finding new ways of addressing this bind on action and thereby on empathic connection. This collaborative research approach brought to light a process that enabled the therapist to both manage the bystander position/agency tension without disappearing the victim-self.

This section attempts to articulate the change process by describing shifts in positions taken up by the therapist in relation to the victim-self. The practitioner seemed to go through a four stage process in addressing the bind on agency beginning with *bystander frustration,* moving then to *contained bystander,* from there to *ethical bystanding* and to a position of *reflective captive.* The process was not linear; participants moved forwards and backwards between stages and at times got stuck at certain points.

5.4.1 BYSTANDER FRUSTRATION-agency compromised

Frustration was the most frequently reported response to agency switched-off and was experienced by all members of the inquiry group. This suggested that agency switched-off was also an intersubjective experience. Practitioners reported a kind of paralysing effect wherein they had little room to manoeuvre in their work with the victim-self. The stuckness seemed to bring the therapy to a standstill from which there seemed no escape or way forward. Frustration was an unremarkable response to stuckness but nevertheless signalled a state of compromised agency.

> ***F****: I find that difficult and particularly when I was speaking about this client that I've worked with for quite a long couple of years... and was really really stuck and nearly going into reverse so I was finding that a bit frustrating um but just thinking in general that there are there are for me there are definitely some aspects of of the victim part of the client that that we're drawn that I am drawn to and can work with ye know very easily and can be very very compassionate and wouldn't be frustrated in any way with it.*
> ***J****: Well now when I'm thinking of it here I can absolutely say that would be what's going on for me is is the frustration ye know an' well I'll stick with this particular client 'cause that's the one we're talking about an' I don't whether it wh how she is or whatever doesn't matter but I just don't feel I have the freedom to*

challenge it because if I'm feeling frustrated maybe that's what's going on for her I dunno the whole victim piece ye know but I don't feel the freedom.

The bystander position felt at times like a subjection to the client's story. Negotiating any objective stance seemed difficult. The victim-self narrative seemed like a cascade; almost obliterating any other perspectives. Withstanding the relentless victim 'spiral' was very emotionally demanding. Practitioners were less consciously aware of the intersubjective aspect of agency switched-off. Their struggle with emotional containment at times hindered reflection. Towards the close of the research process, however, new awareness began to emerge.

S: *It's like he's... your hands are tied behind your back and his hands are tied.*

***A**: And I do try to go there uum but all the time you're like they* are in the corner of the room... and so it is extremely difficult.*

(refers to a self- help organisation)*

***J**: I think working in the practice here working for the organisation there's always the potential of being a victim or how well I feel supported globally or not I'm conscious of that of of not really and that has to play a part when you're working with clients ye know.*

***S:** And often reflected in the the counsellor feeling stuck*
***C:** Yeah feeling stuck and wanting to boot somebody.*

***S**: So your practice has changed with this client...*
***J:** I don't know how it happened or it was uh I was clutching at straws kind'v that's how it came out of but ye see the paradox of that is is because I came back and looked at myself rather than blaming the client d'ye know what I mean which is what needed to happen.*

Agency compromised was experienced in terms of a constraining presence; hands tied, uncertain support and needing to kick start something. There was a controlling influence on the practitioner affecting the capacity to intervene and reflect. There was also awareness of risk if practitioners were fully themselves in the therapeutic encounters and therefore compromised agency was, to an extent, self-imposed and began to feel like a

bind. Added to this, practitioners' own emotional reactions contributed to a sense of compromised agency and interfered with the capacity to reflect. Self-awareness through action seemed to help to kick start agency.

Agency compromised represented the initial therapeutic encounter with the victim-self. It reflected a battle to generate change and the frustration of therapeutic failure. It was, however, only the first in a series of steps that produced eventual change.

5.4.2 CONTAINED BYSTANDER-agency suspended

A new position of contained bystander was discovered through the action and shared reflection process. In this position, the therapist had suspended their instinct to act in favour of containing or being with the victim-self. Practitioners began to develop awareness that agency is the therapeutic task to be worked through rather than fixed.

> **D**: *I can sit with that for a while ye 'cause that's part of the process as I've gradually learned through my own work yeah and through talking to colleagues actually sitting with that and understanding how it feels.*

> **D**: ... *the learning being as you said that actually when you're in that place it's okay to stay in that place for a while and explore what that means for the client and again isn't it about the fundamentals of therapy isn't it… yer aware of yer own stuff and then hang on now ye don't need to be coming into my own stuff here I need to be here for that person that's where they're at let me stay with that an' see what what we can learn from it.*

There was recognition that bystanding was not a polarised position to 'fixing' but that witnessing could also include 'responsive containment'; responding in an emotionally containing way to the victim and helping them to make sense of their experience. **D** struggled with his tendency to fix clients, which was connected to his need for recognition as a serious professional. He acknowledged that by adopting a contained bystander position he could develop critical self-awareness and make more value-laden clinical decisions.

Learning takes place in that reflective and critically self-reflective space. The idea of 'sitting with something' is about connection at a spiritual level with others and acknowledging that as significant action.

> **J**: *I was thinking of myself I would tend I certainly know how to be the victim as well in lots of situations I just sort'v sat back….an' I'll just really eeeh (pause) stay here and just acknowledge ye know maybe there's something in victimhood for her… and the more I began to (pause) sort'v hold that for me an' an' ye know in here ***** it kind'v gets gets played out... something began to (pause) happen differently between us eh ye know.*
>
> ***J**: (pause) But it was easier for me to listen that's really what I'm saying.*
>
> ***A**: That you were trying to let go of doing something and be just be there.*

The contained bystander position was discovered as a meaningful step in the researching process. It demonstrates awareness of axiology in psychotherapeutic practice and the importance of the relational as a means of learning and change. It hints at the value of an intersubjective approach to practice that avoids objectifying the client but acknowledges that context is key to breaking gridlock and fostering a sense of personal agency.

C reflected on the 'paralysis' of agency switched-off which was an intersubjective experience:

> ***C**: I found myself thinking the other day with somebody I did an initial with (pause) thinking about her afterwards an' thinking about (pause) it was hard for her to leave (pause) an' I found myself thinking and it was hard for me to encourage her to leave the session... yeah 'cause she wanted more she wanted more and I thought is th I thought (pause) this is something about the victim or how she feels victim of her own circumstances… if I think about myself as a client for years and what I was talking about the various things I suppose I could've thought myself a victim of the things I couldn't change (pause) and then discovered I could change... and I wouldn't have thought that way now without, yeah I wouldn't have thought quite like that... so I'm beginning to think about it like that.*

Encountering agency switched-off conveys a kind of paralysis and when this is acknowledged by the professional as a shared experience, it has a liberating effect on the work. The victim experience became the focus of the reflection rather than the fact of the paralysis. A contained position is hinted at and characterised by empathic attunement and attuned responsiveness, a quality of being which fosters personal agency. This kind of knowing reflects a relational approach and is rooted in intuition and feeling. The encounter with the 'other' takes precedence and is sensitively responded to. However, the findings suggest that the process from bystander frustration to contained bystander is not linear. Practitioners experienced a struggle transitioning between these two positions, perhaps reflecting the struggle with emotional containment. Critical self-reflection became an essential skill because it clarifies and develops awareness about emotional containment.

> ***J**: X number of sessions have gone on before we were here (pause) before don't know how long ago that is now I know for one or two sessions I I went in uh with a new kind'v uh okay I'll leave (pause) it's all a part of her it's almost 100% of her anyway I went in with a different mind-set but I've lost that I mean I I I'm only after (little laugh) being aware of that now I've gone back into old mode and ye know c'mon here we've time left. (laughs)*
> ***S**: Oh I see let's get on with it.*

> ***S**: When I met him first my God he wasn't really able for anything he couldn't even hear me I think for a year and a half this man wasn't able to hear a single sentence I said (pause) an' I sat there knowing no matter what I said to him he, just went by him, I don't know how did I stick that... how did I stick that I don't know how I stuck that with him (pause) but... I felt I liked him I think at rock bottom that that's a strong feeling in me... I felt he can't hear me he's got so much going on in his head he just can't hear me an' I felt in a way god this is terrible this is so frustrating what can I do uum and then another part of me said look leave him he just can't there's no point there's no point confronting this he simply cannot*

Practitioners described shifting between positions as regressive and intersecting. Occupying a contained position required learning and attending in a different way from what appears comfortable. Shifting between positions was evidence of the struggle to learn a new way of being, whilst tolerating both positions simultaneously reflects learning

that also has a propositional aspect. This suggests that the contained bystander is a complex position; a communication skill, a conscious decision based on understanding and an attitude that strengthens empathic connection.

5.4.3 ETHICAL BYSTANDING-agency engaged

As participants delved more deeply into the work, there appeared to be a struggle with finding an ethical position in relation to victimisation. Perhaps growing awareness of the complexity of the victim-self drew the research in that direction. Discovering an ethical position seemed to represent another step in the process of addressing the bind on agency. It also echoed propositional knowing and emphasised the quality of interventions. This was a more conscious and considered step; concerned with concepts and ideas, critical awareness and reflection, and the precursor to action.

A's participation in her client's necessary denial came to awareness through the participatory process, which prompted her to consider the ethics of her interventions.

> ***A****: So what I would like is um that do any of you hear anything there that might be saying that I'm colluding with him to lift him out of that and let him go away without this thing being addressed now on the other hand I do address it at some level as well during the session.*
>
> ***A****: So I'm wondering part of me is saying maybe it's not collusion I think maybe (pause) it's something I want to do but I think I also need to do it so there's a diff, there's two if it wasn't good to do it I'd need not to do it.*
>
> ***A****: But I think I need to do it it's also filling a need in me.*
> ***S****: Yes otherwise what would happen...*
> ***A****: How would it leave me feeling well I think I wouldn't do it if I thought it wasn't necessary*
> ***S****: Okay so it's about it being necessary your instinct is I have to do this actually.*
> ***A****: Yes that's a very strong instinct*
> ***S:*** *It is yeah but you're saying it's fulfilling a need in you*
> ***A****:Yes because I like to praise somebody and boost them up and not let them go into the pain but this is not about*

that this is actually necessary as part of the therapy to build him up before he knows the depth of the pain.

A suggested that her reaction to the client is intuitive and must therefore serves a purpose. The debate with **S** demonstrated that her instinctive responses may have a basis in her own needs. It is the critical self-reflection which manages to free her to make a crucial discovery. She began to realise that she was also doing basic ego development work with a client who was not only very split but developmentally arrested. Her struggle all through the inquiry finally now made sense. Empathic connection to the client's own denial was difficult for **A** to manage and perhaps interfered with her ability to reflect on the therapeutic process. It is in the medium of suspending that playfulness can arise naturally and exploration of the self can occur. Discovery is the consequence of such activity; the discovery of value-based interventions concerning quality and ethics.

***D**: Is it better that he potentially works on those issues with you and therefore potentially never abuses again or say just look I'm colluding with this guy and and I just enabling him to ye know justify somehow justify what he did ye know... what I'm saying ye know is (pause) it's better that you're working with him an' going through those issues and therefore potentially helping him never to abuse again*
***A**: Absolutely even if if I am colluding the odd time or whatever is that what you mean*
***D**: Yes than than you uh for no one to work with him in which case he's much more likely to abuse.*

The struggle to discover an ethical position was characterised by debate and revising ideas. It was an evolving task which rested on acceptance and self-awareness. **A's** struggle to evaluate her interventions was met with affirmation from the perspective of what is morally right for the client and the world. That moral position assumed the primacy of therapeutic intervention that is 'good enough'. A 'good enough' approach was strategic in the service of doing what is right.

The findings also suggest that an ethical approach was about practitioners embodying the values of psychology and psychotherapy and deliberating about action. It is through dialoguing that eventually the principled position is discovered. **J's** reflection centred on the gain for the client in counselling:

J**: Eh eh eh sometimes I say things to myself it's just for this one hour for the week in the health centre in * if she can find a comfortable chair warmth (pause) something d'ye know how bad is that?*
***A**: A place to be*
***J**: How bad is that?*

***D**: And interestingly it's in our mission statement to listen respectfully*
***J**: Well it's in our training that ye ye know.*

***D**: It's a normal human response to try and help...*
***A**: Yeah and so we have to let all that go when we're with a client 'cause it's different.*

***J**: An' it's like I suppose really ye don't see it in words but maybe it's like sort'v the clients define what help is as opposed to (pause)*
***D**: Us*
***J**: In fact ye know yeah.*

(**** refers to the name of the town)

Warmth and comfort were the therapeutic offerings that, were revealed to be basic therapeutic values. The inquiry group rediscovered the value in 'being available' for the client. That way of being suggested a quality of relationship that in itself encouraged transformation. 'Going back to basics', as **J** told us in cycle two, assumed an ethical and value-laden approach; creating the environment whereby a very broken person might thrive and where change, as defined by the client, might take place. **J** stresses the locus of responsibility as an important value in creating the therapeutic environment. It seemed that the inquiry grappled to discover the difference between needing to be helpful and being therapeutic.

5.4.4 REFLECTIVE AND SELF-REFLECTIVE CAPTIVE

Towards the end of the research process the inquiry group began to develop the art of being 'reflective captives' i.e. occupying and tolerating that powerless place with the clients, dialoguing with the victim and also reflecting and revising action. The victim-self became a real presence in the therapy room and a topic of conversation between client

and therapist. If not an intervention focus, it became the organising dynamic around which the therapy was conducted. This section looks at instances where therapists occupied that position and how the victim-self was empathically constructed through dialogue.

5.4.5-Dialoguing with The Gladiator

S and her client found the opportunity to reflect together on his victimhood. It hints that his victim position was automatic, persecuting and regularly lead to conflict.

> ***S**: ... But he gets to places at times where he is the total victim of his wife uum his music group, of his friends... and then suddenly after all this came out he said, I said something about a victim I don't know why, he said I victimised myself like this ye know I victimised, in that moment I victimised myself, I said what do you mean I victimised myself what's that supposed to mean uum an' he said well I I I turned myself into a victim at that moment with the police they were doing something to me, he said they weren't.*

Confronting victimhood with the client was a creative intervention. The client's identity seemed driven by this automatic self-positioning and automatic emotional reactions. His victim-self was like a gladiator ever ready for defensive action. Sheltering behind was a fearful and powerless boy. In the context of a trusting relationship the victim-self could be met and dialogued with. The scope of the gladiatorial behaviour was drawn out and then faced.

> ***S**: Now I've worked with this man for three years for him to actually say and understand that... is unbelievable insight an' when he kind'v calmed down, I didn't need to do that why did I do that I didn't need to be the victim an' he was right he didn't I didn't say anything, he went, talk 'cause he could talk for Ireland, he went on to talk about his wife an' he is a total victim of her all the time.*

The insight the client gained was coupled with his calming down and being able to reflect and self-reflect. It was as though there was a parallel physiological element to the presence of the gladiator and the calming of his biochemistry enabled him to reflect without any alarm. This suggests empathic connection with an unexpressed conflict; the powerless,

abused boy protecting himself from threat, and by implication, a position of agency. Reflective, empathic connection with this distress released him from the captivity of his victim-self. There was a sudden realisation of the operation of the past in the present and when both client and counsellor occupied that captive position, change became possible.

5.4.6-Dialogue with The Gatekeeper

Acknowledging victimisation was experienced as liberating by the group when containment was assured. A central way to encourage healing of the powerless and quite split client was to promote reconnection of the lost bits of the self.

> ***A**: So I thought well maybe now he's ready now to face the reality of his victimhood an' I brought it up and actually it worked very well because he actually was ready and talked about and knew himself how that affected him and that led on and opened up a new trauma that he had experienced but it also made me realise the complexity then of just saying working with the victim in counselling because ye go from there to the new trauma an' ye loose that bit about talking about the victim uum now I've tried not to lose it by bringing it back and bringing it back again uum but it really is very complex and you're only really starting I think at integrating the victim when you bring it when you actually bring the victim consciously into the room.*

A also brought the victim-self into the therapy room in order to begin a reparation process with a client who had been very shattered by early childhood experience. She struggled throughout the inquiry to address her client's needs. She and the client discovered past 'traumas' as a result of the client facing his own victimisation. The splintered pieces of the client's history were complex, which had an effect on the practitioner's capacity for containment. The victim-self perhaps behaved rather like a 'gate keeper', which allowed the client to survive psychologically. When that victim-self was confronted, the gatekeeping function began to crumble, letting through other – perhaps split off – distresses. In this case, the victim-self functioned to ensure survival at the cost of a sense of wholeness.

5.4.7-Reflecting with The Subversive

Stepping into captivity with the victim-self was also reflected symbolically as co-researchers self-reflected on their work. Openness within the inquiry encouraged reflection and critical self-reflection. A common struggle among co-researchers concerned managing several conflicting feelings simultaneously while also attempting to create space for change.

> ***D**: Various things that happened in my life that I had kind'v disconnected from being aware of work working that way with clients and it's really ignited that now (pause) uum (Pause) an' as I say not just by what you say but by what you said earlier as well of your client that when I when I do get frustrated (pause) with a client's progress or when working with them a long time sometimes I think Jesus am I doing any good here at all I will now be reminded of what you've just said what you've just said around (pause) time is so important (pause) uum to give the client time.*

> ***D**: What I feel is that yer feeling that awfulness that you think that they're feeling I'm uncomfortable with that an' I want to get rid of it out of my life right so the rescuing comes from that.*

D's self-reflection demonstrates deeper understanding of blocks to emotional containment. He hints at a struggle to remain connected to therapeutic work; which was emotionally challenging. Rescuing interventions had, perhaps, become the norm in his practice and justified in terms of style or training. However, he revised this view suggesting that it hinders dialoguing with captivity. Perhaps the victim-self, for **D,** functioned as a subversive; resisting help which directly targets behaviour. The subversive demonstrates the strength of the victim who manages to put up a fight.

5.4.8-Reflecting on The Wounded Child

Suspending agency and taking an ethical position with the victim-self enabled practitioners to find a new way of being.

> ***J**: It was just that experience of being there an' an' working with the the idea of victim because victim uuugh ye know. (laughter)*
> ***S**: I know so challenging*
> ***J**: Come on, I, get out of this yeah, as opposed to staying with it, this person is entitled to to a victim to have the victim and it lasts for such a short period of time in a session.*

> ***J**: An one way of working with that an' I mentioned I think in the group it's like what you were saying about the victim coming in the door and the victim-self the client is here and the victim is sitting here and I'm here so like how are we what are we doing to support her or what are we doing to dismantle.*

Taking a 'rights' stance with the victim-self had an impact on the therapeutic relationship. It altered **J**'s way of being and enabled her to develop empathy for the victim-self. This discovery transformed **J's** attitude towards the victim as nuisance. Playful and creative interventions generated an emotional environment that included the victim-self. The victim-self resembled a wounded child seeking rescue from psychological and emotional neglect and desolation. Movement in and out of the captive position became unremarkable for **J** who was able to transform her own 'dread' of victim dependence.

5.4.9-Dialoguing with The Fragile Ego

Co-researcher **F** had been struggling with her client for some time. More recently a state of stuckness had become a feature of the therapy. The client had become a risk concern for **F** contributing to the climate of stalemate between them therapeutically. **F** however, took the decision to work directly with her client's victim-self as a research task.

> ***F**: She was getting really caught up in that and her anger and rejection at the legal system an' all of that so… we're doing some art work and that was really helpful to shift things again and her focus... but I actually asked her in session I actually asked her one day ye know did she feel like a survivor or a victim (pause) and she thought about it for a bit and she said initially uum she felt like a victim but when she disclosed the abuse she felt like a survivor and that she's still both... I know I know her really really well and we worked together for a*

long time and I thought well what's the point in me trying to second guess her.

She used a creative and nonverbal approach to the therapy that subsequently allowed her to inquire more about the victim-self directly. **F's** playful responses to her client hinted that she may have harboured some fear of directly confronting the victim, perhaps fear of collapse. The victim-self seemed to behave like a fragile ego always in danger of breakdown. **F** demonstrated a new capacity to act, reflect and revise her ideas and actions, all of which had a liberating effect on practice. As a consequence, she was able to generate a richer emotional environment and develop her own unique formulation of the victim-self and therapeutic practice.

The change which evolved through the action and reflection process was reflective of co-researchers developing a skill. It combined tacit level awareness with presentational and propositional knowledge into creative interventions which were liberating. However, the integration of all forms of knowing was at the beginning stage when the inquiry group came to an end. Therefore, the skills presented here are part of an evolving process of change and integration rather than a set of true facts. These stages may develop further for the participants as they continue being curious about their work.

SECTION 2

The impact of participating in a cooperative inquiry was felt at many levels for participants. The process had immediate and longer term effects professionally and personally for all involved. The evaluation meetings were an attempt to document the influence of the inquiry group on learning. The experience was difficult to document without reducing it to particular causes and effect. Therefore, the categories described below in figure 8 do not represent the entirety of what was learned but represent three predominant themes which arose during the analysis.

5.5 THE CHANGES GENERATED THROUGH PARTICIPATIVE RESEARCHING

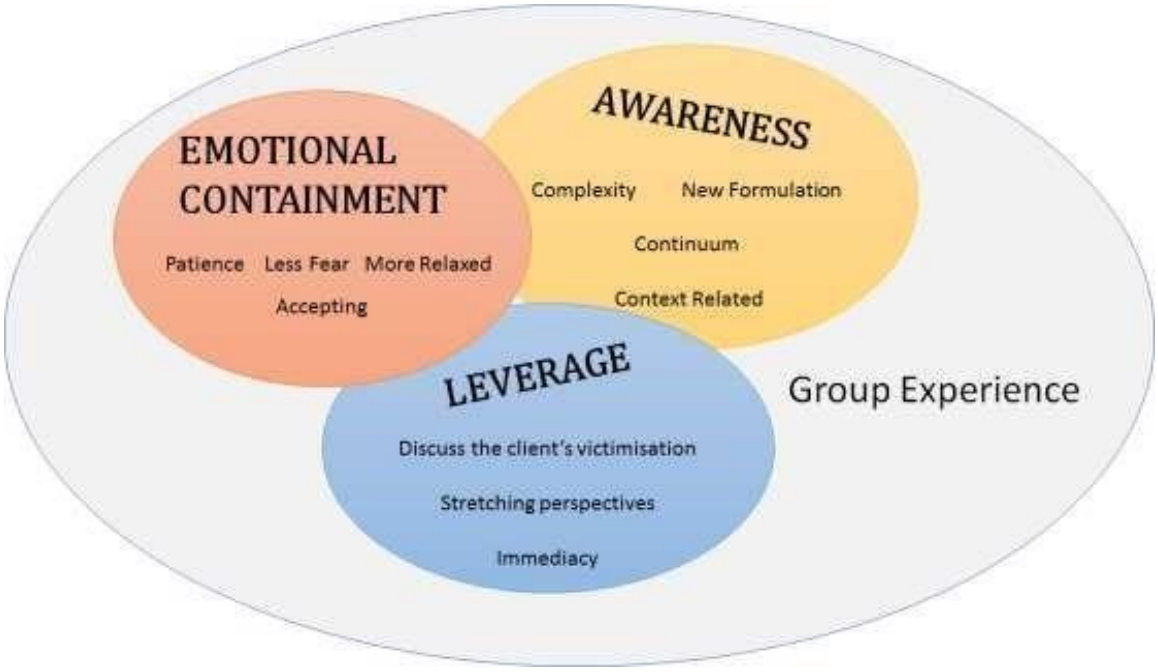


Fig 9 Depicting the categories and subcategories of collaborative learning

5.5.1 EMOTIONAL CONTAINMENT

The participants found generally that emotional containment improved as a result of taking part in the inquiry. The frustration which was a feature at the beginning phase of the inquiry was considerably lessened at evaluation. Therapists talked about their reactions as qualitatively different. The process supported change which was relevant to each co-researcher's concerns. There was a good deal of flexibility in the method to accommodate the uniqueness of each co-researcher's difficulty.

Collaborative researching brought about unexpected changes in emotional responses to the victim-self. Co researcher F wrote in her journal:

> ***F**: This has helped me feel less frustrated and less impatient with the pace of the work.*

She reflected on the inquiry at the final meeting:

> ***F**: It left me less frustrated uum and I don't have to have that expectation of things moving continuously ye know I've let myself off the hook a bit more on that an' so*

(pause) it's probably a bit more pleasant for the client I imagine.

For ***F,*** the inquiry process has had a considerable impact on herself and her practice. She has developed greater patience with herself and her clients. The pressure to bring about change has been altered as though she recognises that task belongs more to the client than to the practitioner, and refers to this later. She suggests that the therapeutic atmosphere has probably changed as a result. **F** hints at improved empathy with 'letting herself off the hook' which may also be reflected in her interventions.

J says at the evaluation meeting:

J*: I'm more relaxed and I expect them therefore because that's how the process works.*

The dread that **J** harboured about the victim changed as a result of the research. She discovered a capacity to be with the powerless and helpless victim more easily. The transformation however was more than gaining relief from frustration, it was about bringing about therapeutic change by changing herself first. Change in emotional containment is something transmitted through the relationship; responsibility for which crucially rests with the person of the therapist.

S also described a change in emotional containment which she talked about during the evaluation meetings:

S*: Well um I'm much more comfortable at ease really at ease with people who are hugely victimized.*

S*: I think I feel less afraid I think I might have felt afraid before to even say that word with clients I don't feel afraid anymore.*

There is a greater sense of containment when confronted with the complexity of victimisation and the many guises of the victim. ***S*** described her practice at the start of the research as unfocused and incoherent. Victimisation, however, no longer caused her to feel concerned about the relevance of clinical work. Quite the opposite, victimisation has become a comfortable clinical presentation which she feels confident working with now.

S feared using the word victim with clients; perhaps it seemed such a definite marker for deficiency, failure and judgement of blame. The emotional impact of the label has lessened for her now. This hints at a transformation in understanding and meaning. Victimisation is

not dreaded, as shameful perhaps, and therefore lighter to acknowledge. It also hints at some personal transformation for **S** who may have resolved some of her own victim experience.

D talked about the impact of the inquiry group for him at the evaluation meeting. Though he missed two meetings he remarked on the sense of comradery in the group and how practice difficulties resonated with him:

> ***D**: … but my sense of urgency is lessened again ye know that's been reinforced I don't have to fix this right now I don't have to fix it at all.*

D identified his own actions as urgent in response to the victim. It suggests that **D** had difficulty maintaining the bystander position and frequently engaged in fixing. Rescue was a routine aspect of his clinical work; supported by his training. However, he began to alter this view; recognising that bystanding was a skilful and active therapeutic position and not necessarily clinically 'unsafe'. He needed to remind himself that fixing was not the purpose of the work and perhaps that he did not need to work so hard.

5.5.2 AWARENESS

The group found the research process awareness raising. It expanded their frame of understanding is different ways. For some, that awareness hinted at transformation in meaning and practice, while others felt the impact of the inquiry on a specific area of work. During the evaluation meeting, **A** commented on the change in her awareness about victimisation:

> ***A**: … different just different aspects if there's a victim there's something else … So it's not just the client so it's a whole different awareness of the environment of the counselling session … and the client and the work an of course that brought out other things … I would think yes there was change because the client went to another place.*

A said that awareness automatically brings change and for her that change was not confined to the client. She suggested that it is an intersubjective experience, contextual and potentially transformational. She described awareness as a terrain which liberates. In

this case it was liberating for both, as the client entered a new phase of therapy i.e. confronting his own victimisation and the effects that had on his life. Becoming aware of victimisation was rather like letting the genie out of the bottle in this case because it led both client and therapist in another direction.

She wrote in her journal:

> *Since I began working in this group I have become aware of the victim role in my work with clients and have been putting that into practice with one particular client. I have felt a deep connection with my client and our work together has new meaning. I have begun to develop a broader perspective on what it is like to work with one particular aspect of the client*.

Awareness has brought freshness to therapeutic work which was at a standstill. She has gained a broader outlook on the client presentation and on victimisation itself. Her comments hint at new development in the therapy with her client; that the 'compulsion to repeat' she struggled to understand has now diminished.

During the evaluation meeting, **J** talked about the most significant learning gained from participating in the research. She confronted her own hidden agenda and decided to change herself first, which was transformational.

> ***J**: That's was that was the biggest learning for me uum with that particular client was to let go of the need to rescue just let go of the agenda really let go of of my agenda to come on to move this along here… to move but not to my agenda.*

J made a conscious decision to work with the client's victim-self and she became aware of her own very subtle victim-blaming which lay beneath her need to move the process on. She focused on finding a way to be with the victim-self that conveyed attuned empathy. Her first task was to change herself and let go of a comfortable approach and find a different way of being, one which was victim centred. It was liberating for **J** to recognise the client's right to be a victim, which also had an effect on emotional containment.

D reflected on his learning at evaluation:

> ***S**: So your sense so you became aware of your sense of urgency through just talking with others in this process*
> ***D**: Well I was I was aware of it already but it merely reinforced the notion that that this is a common*

> *experience… so in that sense having participated in the group has been useful because hopefully it will nail it in a bit further into consciousness.*

D found that his own struggle as a therapist was shared with his colleagues. The process confirmed to him that victim work can lead practitioners towards rescuing. The participative approach acted as a kind of reminder to him of his tendency to fix that can become automatic if not attended to. Critical self-awareness was therefore useful for **D** who perhaps can lose sight of his own frailty.

He wrote in his journal:

> *The learning for me has been to reinforce the idea that felt urgency- mine or the clients- need not be responded to with solutions immediately.*

There is a process value to suspending agency that **D** grappled with over the course of two inquiry meetings. The inquiry environment and the open sharing allowed him to revisit his rescuing behaviour more deeply. Learning appears to be a cognitive exercise, which his use of language suggests. However, 'suspending', 'hold back on' is a process task which the victim-self tested in him. It is about generating creative and playful space where the curiosity to discover can begin. Suspending also brings chaos because it is unstructured and can bring anxiety if control is a value.

Rescue is the empathic counterpart to victim helplessness and, for **D**, became a trap. It robbed the client of the possibility of discovering their own agency and became a tyranny for **D** who needed all the answers. He wisely made the comment in his journal that:

> *I have learned again that as a therapist it is good enough not to have all the answers.*

F wrote in her evaluation commentary:

> *The experience has brought victimhood much more to the forefront in my work... because of increased awareness I have changed how I view victimhood and how I work with clients… the whole process was very thought provoking… the whole process has promoted growth*

At the start of the inquiry **F** tended to construct the victim-self as a hindrance to therapeutic progress. Her interventions, she claimed, were playing a role in the maintenance of the therapeutic impasse. New awareness has generated a change in her

thinking and her therapeutic work. Collaborative researching has altered the role the victim plays in her practice. She hints that victimisation is more complex than the 'nuisance' she initially believed it to be. She now recognises victimisation in the client's presentation and has found a way to work with it. Crucially for **F**, her own research process was a major influence, not only because was she able to make the discovery for herself but also because she now knows how to research a topic of interest.

5.5.3 LEVERAGE

A theme which emerged at evaluation was that of improved leverage in practice. Clinical practice was no longer experienced as gridlocked as it had been when the research began. Clinicians seemed to feel more skilled and therefore intervention seemed less constricting or futile. Awareness and emotional containment were influencing factors on clinicians developing greater leverage, as F reflected at evaluation:

> ***F**: I am less likely to think of client's as being stuck I think of them as being at a stage in dealing with their childhood issues… Thinking of victimhood in this way has enabled me to view clients who I felt are stuck as clients who are moving back and forth through stages of their recovery.*

She also wrote in her evaluation feedback:

> *Stuckness this is a word I am going to try not to use in the future I am trying to think of clients working through their victimhood in a similar way to the bereavement process.*

Awareness of the complexity of victimisation has changed her thinking and her actions. She developed her own view of victimisation as stages in recovery. This formulation made sense to her practice and developed it further. Stuckness was no longer the defining characteristic of the victim-self. Instead **F's** research informed her that client's move through stages towards a resolution of their childhood experience. This theory both guided and shaped her work; stretching its perspectives and boundaries beyond a narrow definition of victim. **F** suggested also that her empathic connection to victimisation has developed because now clients are not perceived as hindering therapy. Instead there is a greater understanding that progress in therapy inevitably involve points of regression and

even plateauing. This way of thinking allowed her greater freedom in her responses and interventions, which are not bound by the practitioner's need to make progress. Practice, it appears has developed in a more client centred direction. **C** also suggests improvements in how she conducts therapy at evaluation:

> ***C****: I well what struck me and what I brought with me was* ***J*** *was talking about a very heavy client I think emotionally who she had a very strong reaction to uum so I think it has made a difference to me in just really sharpening up my own on that my own reactions to clients much more quickly in my feeling and in my body… I think not that it wasn't in the frame but it has sharpened that again for me… uum I think it has helped me to name more quickly what I'm feeling and then to bring that in to the session between us.*

C talked about the vicarious learning during the inquiry which had an impact on her. She hinted at a development in her own empathic awareness, which had perhaps become somewhat blunted over time with the client group. The participative experience helped her identify her emotional responses and make sense of embodied experiences, which she hints remained lodged and somewhat unprocessed with her. Now there is a little more leverage therapeutically to work with those reactions and responses. She also remarked on how the research process had influenced her personally:

> ***C****: I think it's affecting me in my personal life I have moments of stuckness and heaviness and I'm picking it up much quicker… or doing something about it talking about it if it's possible it's not always possible so taking care of myself better in relationship to that in my personal life.*

C has a name and vocabulary to explain her feelings now in a way she did not have previously. Further, it seems she now has greater choice about how to react, implying an improvement in personal agency. S also talks about a change in her reactions and responses to clients:

> ***S****: yeah there's a comfort in being with that powerlessness in a way that I hadn't imagined before and I find because of that I have leverage to work with that because at times*
> *it feels like you can't work with that doesn't it*

> ***C**: uum it feels overwhelming and nowhere to go*
> ***S**: you're so stuck an' ye know but I don't feel that anymore and obviously that makes practice so much better actually 'cause most of our people would have experiences like that difference degrees of agency switched-off some are on low some are off completely.*

S focuses mainly on the gains to her practice resulting from greater emotional containment. Leverage seems to suggest that she is no longer just mirroring powerless victimisation and joining in that experience. She has been able to transform her emotional reactions to switched-off agency; no longer characterised by struggle but by possibility. It is a hopeful development which has transformed the therapeutic climate.

The evaluation meetings seemed to indicate that emotional containment and awareness were central to generating greater leverage in therapeutic practice. The stuckness, heaviness and uncertainty that seemed to have been internalised by therapists had changed. It had moved outside and could be understood differently. The inquiry process had given therapists a new way to understand stuckness and new more complex knowledge which was not bound up with distressing emotions only. For **F**, there was now a whole new theory of victimisation not confined to therapeutic impasse while for **S** the victim-self presented therapeutic possibility rather than emotional flux. **J** not only transformed her assumptions about victimhood but changed her approach to practice with the victim-self. **C** seemed more interpersonally skilled by her participation while **D** experienced the inquiry group as therapeutic because it was a safe container for frailty. All practitioners found increased empathic attunnement to victimisation as a complex construction.

5.6 THE INQUIRY GROUP AS LEARNING TOOL

The inquiry group was commented upon throughout the life of the research project. The project was based on the Co-Operative Inquiry model, which in the context of research leadership and the National Counselling Service, became its own version of co-operative inquiry. Nevertheless, the values of the model were closely followed along with its challenges and contradictions. The learning environment attempted to provide the conditions to promote growth, change and transformation.

D commented in his journal:

> *I won't say that the group was group therapy, but it was certainly therapeutic for me. It was if you like a more concentrated version of both peer supervision and regular supervision.*

A commented in her journal about attending the final group meeting:

> *Our group was rapidly becoming an exciting place to be.*

A little further she also expressed other feeling about the group:

> *As a group we had been feeling a little rudderless. We felt we needed to be pointed in the right direction by **S**. We struggled with this frustration and helplessness*.

The theme of needing direction was a common one. Co-researchers felt the absence of leadership and imposed structure and it felt insecure. At the same time occupying the twin roles of researcher and researched was perhaps more difficult a task to achieve than was recognised by the group. There was however, excitement and safety.

F wrote in her evaluation commentary:

> *I enjoyed the group development it would have been interesting to continue.*

Then towards the end she recorded:

> *I would have preferred a little more direction… It did feel frustrating when **S** was trying very hard not to lead or direct in any way.*

C commented at evaluating:

> ***C***: *At times it did feel frustrating at times not to be rescued yeah rescued with a bit of clarity.*

A little later she commented:

> ***C**: … a safe place to share sharing stories and situations together with increased awareness.*

There were two distinct experiences expressed about the inquiry group; a sense of togetherness in an open and safe way and a frustration at the absence of direction. The group climate was respectful and lively. The topic was engaging and stimulating but without facilitation it also felt frustrating and anxious. It suggests that some structure is necessary in a co-operative inquiry group and that self-government is developmental. Nevertheless, the group was a containing and safe enough environment for change to take

place. It was a brief inquiry group which had to take on a number of quite tricky tasks quickly and operate within a countercultural philosophy i.e. leadership as shared task. The participants agreed to work within the ethos but in truth the whole group struggled to come to terms with insider/outsider researching. Despite these difficulties, there was commitment and trust in the project and a basic delight in the company of colleagues.

The shortcomings of the study will be fully discussed in the next chapter.

CHAPTER 6

6.0 DISCUSSION

This project set out to understand and change therapeutic practice with victimisation. The clients who attend the National Counselling Service are predominantly adult survivors of childhood abuse and therefore also victims of abuse. Nissim-Sabat (2009) believes that the predominant ideology underpinning our socio-economic and cultural systems is anti-human and 'victim blaming'. This challenges the profession to take a closer look at practice and investigate whether psychology and psychotherapy actually contribute in some way to victim blaming and therefore the production of the victim-self.

This study aimed to look more closely at the way practice constructs the victim and through a process of acting and reflecting, transform clinical practice with the victim presentation. The central question for the inquiry to address was:

1 How do practitioners construct the victim-self in practice?

(a) How are they impacted by the presence of the victim-self?

(b) How do they respond to the victim-self?

The question was unpacked into two sub-sections which captured therapists' clinical experiences and illustrates their approaches to practice and rational for intervention.

The idea that emerged showed that the victim-self is a complex phenomenon; both positional and relational. The findings demonstrated a range of the victim-self constructions that function in complex ways. Furthermore, the inquiry identified switched-off agency as a core difficulty for clinical practice, and the most significant focus of the inquiry.

The discussion which follows here is divided into two parts; part one relates to question one, which will examine how these ideas relate to, reflect and challenge existing theory on victimisation. The second part relates to question two; the learning outcome and change process achieved through a participatory approach to research.

6.1 CONSTRUCTIONS OF VICTIMISATION

The ways practitioners construct and think about the victim-self was novel for the participants of this study in terms of clinical practice. What practitioners bring to the therapeutic meeting matters because they are not invulnerable to socio-political and socio-linguistic influences.

Looking at the broader arena of literature on victims, constructions of the victim-self and victimisation seemed to resonate with ideas from criminology and sociology. The victim is theorised as a constantly changing construct, depicted as: 'the forgotten actor' within the criminal justice system (McAlinden, 2014), as 'rhetorical artefact' and as 'dangerous harpy'. Rock (2002) suggests that being a victim is an emergent process and contingent identity; the latter idea strongly echoing the idea from this study of the victim as positional. Howarth and Rock (2000) also describe victims in terms of their demands for "compassion, compensation, exoneration and attention" (p 59); further supporting the idea of victim positions identified in these findings. However, this project develops more psychological descriptions and situated identities of the victim-self missing from the victimology literature. The positions identified in this study can be understood as reactions to a culture of 'responsibilization' (Rock, 2002; Walklate, 2007). When accountability for victimisation is decontextualized, then the self is ultimately assumed to bear the responsibility. Though this formulation appears to release the victim from a confined and confirmed 'deficit identity' it ironically contributes to sharing in responsibility for wrong doing or what is known as precipitation in victimology. Claiming victim status is not as easy as it would appear and to a great extent is publically conferred. McAlinden (2014), McEvoy and McConnachie (2013) and Mc Garry and Walklate (2015) all talk about a hierarchy of victimhood and ranking towards the bottom are those victims deemed to the *"unworthy remainder"* (McAlinden, p. 183). Those who do not conform to the imagined victim (Walklate, 2007) ideal, can be held responsible as participants in their own victimisation. So the task for the victim might be how to achieve the title worthy sufferers and ascend to the top of the hierarchy. Certainly this study struggled with the victim's determined need to demonstrate their victimisation and innocence in both overt and covert ways. Identity is difficult to craft and not accomplishing the ideal identity can result in blame and blameworthiness (McAlinden, 2014). While criminology struggles with elaborating on the success/failure of the victim identity and the politics of victimisation, this study suggests

that identity is positional and not static. McAlinden (2014) likewise refers to 'victim staticity' as a core assumption embedded in *"contemporary victim-centric discourses"* (p. 191).

The findings here illuminate the several socio-political and intrapsychic traps awaiting the 'would-be' victim. Symbolic displays offer protection along with voice, I maintain, because exposure is risky; something suggested also by Wade 1997, Dahl 2009 and McAlinden 2014. Gilligan (2003) along with McEvoy and Mc Connachie (2013) ironically suggest that claiming victim status in the context of the Northern Ireland Peace Process is often political, and strategic, since all sides utilise such status for political ends.

Gibbon's et al., (1994) claim that there are two common societal attitudes towards victimisation: blaming the victim or overprotecting the victim. Adopting either attitude can, they maintain, tend to reduce the victim's humanity. Ironically though, Janoff-Bullman and Freizi (1982) found an association between behavioural self-blame and high self-esteem, concluding that it supports the belief in future avoidance of victimisation. Peterson and Seligman (1983) suggest something similar in their idea of 'agenda control'; powerlessness is less pronounced in situations where victims have some control of the agenda and procedure. Whether these findings constitute resilience or attempts to overcome the failure of victimisation and its socio-political implications, is open to interpretation. Davis (2005) suggests that constructing accounts of innocence in the face of failure is a way to manage paralysing self-blame, and he concludes that victim culture goes hand in hand with the ideology of individualism. The Just World Theory appears to be a mediator in attributions of blame for rape, according to Stromwall et al., (2013) I suggest that rape in closer relationships, as described by Stromwell et al., (2013), is challenging to peoples' schemas and values. Attributions of an internal locus of control appear the only logical explanations for acts which are so unthinkable.

Several of the victim-self subcategories were evident in contemporary practice and theory. Couper (2000), for instance, suggests that what practitioners see is the *adaptation* or *maladaptation* of the victim's pain or suffering, but the suffering remains hidden. Therefore, it is only through the therapist's emotional responsiveness that concealed suffering can be detected. The various victim-positions point to that suffering. The badge is perhaps a symbol of the need to hide such suffering from the self and the world.

Boulanger (2008) then makes the point that violence reduces anyone subjected to it into a 'thing' often denied subjectivity. Fisher (2005) also refers to the abused child's adaptive identity as "extreme self-sacrifice", and often evident in "a debased and an exalted self" (p. 20).

Nissim-Sabat (2009) likewise describes the dehumanising of victims through violence, however, she also suggests that survivor status is a further betrayal of humanity. These accounts of 'denial of subjectivity' lend support to idea of 'object' identity in this study, also supported by Flynn (1983), Betancourt (2009), Kampusch (2010) and Anonymous (2013) in their personal stories of abuse. Boulanger's (2008) assertion that the adult survivor of psychic trauma is permeated by the sense of a collapsed self seems close to the subcategory 'refuge', where the victim-self takes solace from the intolerable demands of autonomy and independence. Independence, I argue, heralds death, *"the death of the spirit has preceded the death of the body"* (Boulanger, 2008, p 641), since the internal offers no buffer from self-loathing and disconnection from hope born out my Natascha Kampusch (2010) movingly testimony.

This study depicted the 'refuge' as providing safety from isolated independence, and providing much needed self-worth from internal misery. Fisher (2005, p. 21-22) also describes how the mind builds a *"life sustaining edifice"* to protect itself from disintegration. However, this study portrayed 'refuge' as one position among several taken up by the victim-self rather than a definitive defensive strategy such as that presented by Fisher (2005) and Boulanger (2008) or indeed a more formal theory of dissociation. Instead, finding refuge in victimhood offered protection and comfort from a demanding world and from internal shame.

The idea of stuckness is something acknowledged by White and Epston (1989) and Anderson and Hiersteiner (2008), who suggest it is a common client experience, reflecting particular ontological commitments. Brothers' (2008) work also echoes something similar in her description of how trauma shatters systemically emergent certainties (SEC's). The rigid relational pattern, she talks about, is very close to the idea, from these findings, of stuckness. It seems to point to a mirroring or parallel process taking place in the therapeutic interaction that not only constrains the capacity to think and act, but specifically interferes with empathic containment. From a neurobiological perspective,

high levels of certain biochemicals act like an acid on the brain; effecting brain structure and therefore, perhaps impeding the development of emotional and cognitive abilities (Sunderland, 2009; Jackson and Deye, 2015). There is a resonance with the experience of stuckness in these research findings, perhaps suggesting that childhood abuse has an effect on the body's biochemistry which alters certain structures in the brain.

Very many writers offer explanations of mirroring and parallel process in terms of countertransference. Etherington (2009) suggests that good supervision should focus on the helping relationship between client and therapist. Sexton (1999) also makes the point that countertransference that goes unrecognised inevitably impedes accurate empathy. Walker (2004) believes that countertransference in itself is not harmful but when unprocessed, she maintains, it can potentially lead to dangerous acting out. All assert that such mirroring reactions can cause damage right across the therapy system. Strawderman et al., (1997) describe stuckness as a feature of therapy with domestic violence victims. I maintain that it points to the paralyzing effect of victimisation on clients' lives and functioning, something also described by Kampusch (2010). The findings in this study also suggest that stuckness is intersubjective and not just a reflection of the client's history. The therapists also identified aspects of stuckness operating in their own lives.

What was also apparent from the investigation was the way discourse in psychology and psychotherapy can imprison the therapist unless professionals are equipped with a 'reframing mind' (Reason 1999a). Nissim-Sabat (2009) asserts that the ideology of capitalism impedes psychosocial development because it *"forecloses the development of consciousness beyond the level of naïve empiricism"* (p. 10). She holds that there is a chronic devaluing of the human being in favour of knowledge objectively derived.

Certainly stuckness was a strong theme evident throughout the inquiry, and the group regularly returned to the blame/responsibility dichotomy as a way making sense of perplexing experience or uncertainty. Indeed it was a struggle for the group to move beyond familiar epistemology and, given the brevity of the inquiry, it was an achievement to have transformed familiar thinking. The reframing mind (Reason, 1999a) has the ability to move between frames and paradigms and is an example of later stage ego development. Stuckness becomes less problematic because the reframing mind is also a skill that contributes to continuous learning.

Stuckness is not confined to an individual however, but is perhaps also contextual. Joseph (2011) describes how the practice and profession of psychology itself had become blinkered to client's experiences and Hyatt-Burkhart (2014) suggests that vicarious post-traumatic growth in mental health workers exposes the profession's preoccupation with pathology. Perhaps the professions themselves have become stuck or mired in the pathology of the sufferer.

6.2 THE BIND ON AGENCY

The impact of victimisation on the practitioner and the therapy became the central focus of this research inquiry. The inquiry group identified the way practitioners struggled with strong urges to disconnect from, fix, and disconfirm the client, as a response to the victim-self. This seems to support the notion of 'risking connection' (Saakvitne et al., 2000; Saakvitne, 2002), the poles of countertransference (Wilson and Lindy, 2004) and that the therapeutic relationship can be both a source of healing and threat, Etherington (2009). The crime and justice context complicates the trauma formulation as a single explanation however, because it confines the victim experience to a trauma effects narrative

In this study, therapists felt a compulsion to action in response to faulty client agency and a sense of stuckness. Remaining as objective bystander to client powerlessness seemed unethical and yet acting risked confirming client weakness and inability. The situation felt like a bind. This lends support to Kahn's (2006) belief that bystanding needs to be challenged as a therapeutic stance because, crucially, this work is about bearing witness to a crime. I argue that bystanding is not a neutral activity as Kahn (2006) implies rather it is *"active,* performed and embodied" Walklate and Petrie's (2013, p. 266).

Kahn (2006) also refers to the double bind experienced by the child of 'betrayal trauma' and maintains that therapy therefore *"evokes the most challenging dilemmas"* (p. 3). The double bind is nevertheless explained as countertransference to betrayal trauma. Despite the resemblance between Kahn's (2006) ideas and the findings here, the bind, in this study, also appears to be an unremarkable reaction to the victim-self and possibly to the powerlessness of systemic failure to deliver justice; in that sense a most ordinary countertransference reaction rather than unusually distressing.

Therapeutic work with switched-off agency was felt to be a question of technique and intervention. Practitioners felt their responses and interventions inadequate or unsuccessful and they felt frustrated by a lack of any change. Urgent actions, therefore, seemed to be a solution to that felt bind on agency. These reactions are similar to descriptions of countertransference to 'woman abuse', (Strawderman et al., 1997; Dunn and Powell-Williams, 2007) and the 'drama triangle' (Couper, 2000; Burgess, 2005) where countertransference is perceived as commonplace rather than as trauma, though they do not deny the strain of the work. Dahl (2009) offers several interpretations of agency, among them the idea that agency refers to *"effectively having an impact on the world"* (p. 397) combined with the freedom to act. The bind would appear to be connected to therapists feeling that their impact was ineffective and trying alternatives. Kahn (2006) talks about therapy with survivors of childhood abuse *"like walking through a precarious relational minefield"*, (p. 5) and she suggests that the potential for making errors is limitless. Certainly the findings of this research lend support to many of those ideas. However, this study depicts agency switched-off as more complex that the literature suggests. Agency switched-off seemed to be connected to: the victim-self positions, therapeutic impasse, intersubjectivity and the organisational context. The bind that the inquiry practitioners experienced reverberated at several levels. I suggest that it hints at a gap in knowledge about the impact of victimisation and a lack of empathy for those victimised.

Agency switched-off however, had both a social and internal function for the victim; reflected in Panjabi's (2001) paradox of the guilty victim and in Reavey and Gough's (2000) contention that survivors struggle to find an alternative to self-blame within traditional therapy approaches. The victim-self functions in order to protect the victim status, something echoed in Todd and Wade's (2004) belief that victims frequently misrepresents themselves publicly in order to *"resist violence and increase safety"* (p 512). Their analysis of professionals' dealings with personalised violence demonstrates a lack of empathy for the victim and resonates with Nissim-Sabat's (2009) polarised depiction of the victim in American society.

Even though victimisation is frequently described by professionals in terms of trauma (Frieze et al., 1987; Miller, 1998; Mc Cann and Pearlman, 1990; Wilson and Liddy 1994;

Courtois, 1997; Figley, 2002; Bride, 2004; Etherington, 2009; Courtois and Gold, 2009; Fitzpatrick et al., 2010; Elkjaer et al., 2013; de Jong et al., 2015), nevertheless there is still the perception of victimisation as weakness, passivity and blameworthiness (Janoff-Bulmann and Frieze, 1983; Farrell, 1992; Wade, 1997; Rock, 2002; Todd and Wade, 2004; Guilfoyle, 2005; Coats and Wade, 2007; Dunn and Powell-Williams, 2007; Dahl, 2009; McAlinden, 2014; Leach, 2015). The Sexual Abuse and Violence in Ireland (SAVI) report (2002) contends that victims are still perceived as responsible for their own suffering by a significant minority. Even professionally, there is still no consensus about how to explain victimisation since it can be disappeared, reduced to an effect, or explained as part of an unconscious re-enactment in practice. I maintain that this indicates that the victim-self is poorly understood psychologically and that there is a conceptual void in theory and practice relating to what it means to be a victim (Rock, 2002).

6.3 THE NEED FOR CONTROL

Empathy itself has also been variously constructed as problematic throughout the literature on trauma and abuse: 'compassion fatigue' (Figley, 1995; Salston and Figley; 2003; Boscorino et al., 2010) and 'vicarious traumatization' (Mc Cann and Pearlman, 1990; Etherington, 2009). Although Miller (1998), Couper (2000) and Brothers (2008) dispute the basis of these claims; suggesting rather than that empathic participation in the drama triangle is probably necessary for therapeutic success.

The analysis here suggests that empathy is disrupted by a complex systemic interaction which includes the practitioner's need to escape the bind on agency. The need was expressed as 'measuring success' or the 'urge to rescue'. Whilst these actions were warranted therapeutically, they nevertheless suggested that practitioners were struggling to remain in control emotionally. Measuring success provided therapists with some objectivity, circumventing the intensity of victim mirroring, and a sense of professional control and adequacy. I believe that therapy represents a double edged sword, threatening the victim-self status because it contains a deliberate change agenda. This may once again disavow the victim in a way experienced in the wider society and places the therapist in a difficult and powerless bind from which some form of control may be sought.

Powerless victimisation is a difficult experience to contain at any time. However, when the therapist is contending with, what Wurmser (1994) describes as, 'soul murder', then empathic connection can be profoundly affected by the need to regain some emotional control. The work can then take its toll on professionals' values and faith in humanity; variously describes as a 'shattering' experience (Miller, 1998; Joseph 2011, 2015). Howarth and Rock (2001) likewise talk of a disintegration of meaning apparent in secondary victims of serious crime. I believe empathic connection to the victim-self poses a fundamental challenge to practitioner capacity for emotional containment.

6.4 THE EXPERIENCE OF COLLAPSE

There was also evidence of emotional turmoil in the group process itself. This manifested in discussions about: the collapse of the Celtic tiger, surviving a sinking ship, the need to focus at a micro level because there at least the therapist had some power, as well as my anxiety that the research would be unsuccessful. These metaphors seemed to symbolise fears about powerless victimisation and shame associated with ultimate therapeutic failure. Howarth and Rock (2000) lend support to this idea in their article which refers to the manipulation of shame often used by offenders, and the 'collapse' which can accompany open acknowledgement within the family of crimes committed, including sexual crimes. The repression and secrecy that characterise childhood abuse frequently leave a child victim overwhelmingly burdened and isolated and therefore liable to collapse. Fisher (2005) likewise emphasises the persistent threat of internal collapse to which the child victim of abuse is prone. Etherington (2009) asserts that practitioners rated fear of client suicide as a major anxiety of their work.

The threat of collapse is perhaps commonplace in clinical practice, as suggested by Etherington (2009), and reflective of countertransference responses as well as general concerns to do with the therapeutic relationship. However, this study suggests that victimisation affects practitioner's sense of agency, often reflected in the need for control. Systemic level thinking brings awareness of powerlessness and lack of agency and may be, therefore, rejected in favour of thinking that is presumed to be under personal control; personal responsibility. Focusing at a micro-level in psychotherapy is a given but with

victims of childhood abuse it may also emphasise control as a way of dealing with the desperation of victimisation (Etherington, 2009).

6.5 AGENCY, EMPATHY AND ORGANISATIONAL INFLUENCES

Practitioners perceived the organisation as powerful, influential, supportive and as an important means of confirming professional standing. However, it can also conflict with the values and goals of psychotherapy. The findings here described how interventions are influenced by the hidden organisational dynamic; the other agenda. Practitioners described their ambivalence about organisation power to confer status, support and defend on the one hand and also potentially victimise on the other. It seems that, for National Counselling Service practitioners, organisational interests permeated the therapeutic agenda in subtle ways which constrained agency, clinical decision making and the ability to provide empathic attunement. Michael Walton (1997) bears out the idea of the hidden agenda in organisational culture, stating *"culture hides much more than it reveals, and strangely enough what it hides it hides most effectively from its own participants"* (p. 93). It is not just that the victimisation reverberates across the organisation in terms of parallel process, which many maintain it does (Hacken and Schlaps, 1991; Sexton, 1999; Walker, 2004; Etherington, 2009), but that therapists also feared becoming a victim of organisational power. This was not simply a clash of values but about awareness of power relations. It seems to me that in times of uncertainty, insecurity and stress the system reflects a need for: control, certainty and accountability. This can also become manifest in the therapy room. Practitioners can find themselves caught in a kind of bind between honouring the requirements of the system and the interests of the client. Shea and Bond (1997) liken it to a tripartite dance between professional, client and organisation with the constant possibility that *"the ethical and therapeutic basic of counselling"* can be undermined or supported (p. 204). Reason (1999a) suggests that professional stuckness can also be a reflection of the epistemological and agenda differences between the organisation and the clinical practitioner. Blackwell (1997) makes the point that all parts of systems need to be willing to openly acknowledge feelings associated with all aspects of the victim-persecutor-rescuer triangle. Containment, he concluded is a collaborative action.

6.6 STRUGGLE WITH AGENCY

The analysis indicated that over the course of the inquiry practitioners without exception grappled routinely with 'agency switched-off' in their work. It was identified as the central issue affecting therapeutic progression and change. It was constructed in the analysis as metaphor for a) clinical impasses b) professional challenge and c) personal hook. During the course of the investigation, therapists responded to it as a rescue mission at other times like a losing battle, which reflects the disaffected other and empathic sympathiser Gibbons et al., (1994) and the two poles of countertransference, Wilson and Lindy's (1994). The National Counselling Service therapists' consistent reaction, in their clinical endeavour however, was that of frustration; that progress was stalled or impeded.

It likewise resembles the dysfunction of the drama triangle (Couper, 2000; Burgess, 2005; Fisher, 2005) where the therapist shifts between all three positions without actually resolving the problem. Furthermore, it also echoes some of the ideas on secondary traumatic stress in terms of the permeability of boundaries, rescuing and blaming behaviours and a deficit in self-caring (Gibbons et al., 1994; Sexton, 1999; Couper, 2000; Saakvitne, 2002). The drama triangle rests on the presumption of intact agency, whilst the trauma formulation rests on the idea of 'contagion'. Both tend to misunderstand the experience of the abused child and thereby contribute to a narrow depiction of victimisation.

However, this study showed that the frustration practitioners experienced was both a collective and commonplace reaction to agency switched-off. It signalled recognition that harm has been done to agency at a young age and brought to light the difficulties in working with this therapeutically. The persistent lack of public recognition of criminal victimisation is also a contributor to maintaining agency switched-off because it perpetuates the internal deficit notion of victims, (Anderson and Heirsteiner, 2008) influencing criminal justice policies (Rock, 2002; McEvoy and McConnachie, 2013). Whereas, the victims of childhood sexual abuse have had to contend with perpetrators depriving them of agency through grooming practices. At the same time, practitioners' sense of frustration became problematic because it appeared to interfere with their capacity to be fully present in the therapy encounter. It seemed to impede the process and for most, it became a personal hook which fuelled urgent actions. Blackwell (1997) refers

to helpfulness as an ideal escape that diverts professionals from the real task of developing, what he calls, a 'communicational matrix'. Perhaps National Counselling Service therapists' need to be helpful reflected another agenda.

Bearing witness, according to Kahn (2006), is about a willingness to be disturbed by another person's experience. By bearing witness, practitioners become containers for the horror of the abuse experience, according to Boulanger (2008) and Blackwell (1997). In this sense, urgent actions may represent a kind of comforting response to unbearable pain. Gibbons et al., (1994) maintain that for workers to avoid becoming disaffected others they must learn to control the urge to project uncomfortable feelings onto clients. However, they appear to construct the workers reactions as avoidable with insight. I think they border on becoming somewhat disaffected others at this point, as bearing that kind of discomfort can be traumatising according to Figley (2002) and Mc Cann and Pearlman (1990). Kahn (2006) also describes the therapeutic relationship as a constant ebb and flow of connection, disconnection and reconnection. I do not think that constitutes disaffected other, but an ordinary struggle with quite unbearable human distress. Self-awareness alone as way of avoiding becoming disaffected others suggests that professionals live in isolation from socio-political influence on them and their work. Gibbons et al., (2011) for instance, demonstrated that a supportive organisation can be a protective factor for those working with traumatised clients although Brockhouse et al., (2011) did not find organisational support to be a moderating factor in post-traumatic growth. Self-awareness in the context of support as well as a capacity for empathy appear to be better predictors of avoiding becoming disaffected others.

This study's recognition of frustration became the basis for rethinking therapy with agency switched-off. Frustration was an emotional reality which tended to propel participants towards either busying behaviour or powerlessness. The frustration response however, pointed to the potential for change and growth and therefore was a valuable therapeutic reaction deserving of attention and recognition. Kahn (2006) remarks that the capacity to engage in interpersonal conflict with the client demonstrates a commitment to mutuality and that without the willingness to be involved in growth promoting conflict, mutuality is jeopardised. Mutuality addresses the power dynamic at the heart of abuse. This

formulation suggests that therapists' frustration heralds an opportunity for reflecting on the therapeutic relationship rather than the manifest presence of contagion.

In this vein, Ryan (1989) talks about the pitfalls in dealing with responsibility and accountability with child victims of abuse. She suggests that the child victim can be rendered quite helpless by workers who stress internal 'locus of control'. Etherington (2005) too, makes the point that passivity can be reinforced by professional 'pathologising discourses'. These ideas seems to bear out the idea of 'agency switched-off' and how vulnerable the child is to that happening. Blackwell (1997), Kahn (2006) and Joseph (2011, 2015) emphasise the vital importance of attending to relational issues with abused clients. Both Blackwell (1997) and Kahn (2006) contend that unconscious dynamics are a given with this client group. The vital skills therefore are relational skills; paying attention to and responding to the client from a deeply human and ethical position.

There is another body of work which explains victimisation quite differently. Lempert (1996) reinterprets the apparent passivity of battered women as active employers of strategies for managing violence and self-preservation. Wade (1997) likewise underlines the victim's persistent active stance in the face of abuse, irrespective of degree, and Etherington (2005) emphasises the future possibilities which can be created through telling stories. Agency, Dahl (2008) says, can be obliterated by virtue of textual description. The description creates the passivity perhaps because of epistemology. Practice, therefore, that focuses on human strengths and resilience is more inclined to view victims as active (Wade, 1997; Guilfoyle, 2005; Coats and Wade, 2007; Anderson and Heirsteiner, 2008; Etherington, 2009). That stance does not obliterate the victimhood but perhaps brings to light epistemic thinking which often essentialises. Together with the 'internal locus of control' perspective, it is not difficult to comprehend how the victim could be construed as a frustrating impediment to therapeutic change.

Fisher (2005) for instance writes that blame and responsibility are features of transference resistance. She, like Ryan (1989), describes the therapist's potential to reinforce the client's sense of failure if their responses emphasise the client's avoidance of responsibility, leaving the client feeling helpless. Fisher's view tends to construct traumatic transference as stemming from within the client and that the therapist is vulnerable only to contagion. In my view, his does not take sufficient account of the possible constraints on agency

stemming from the context in which therapy is provided. Choice and freedom are continuously constrained organisationally and often in hidden ways. Savkvitne (2002) likewise acknowledges the idea of mutual influence in therapy. Kampusch's (2010) experience echoes some of these ideas in her account of escape and return to the world. The public, she concluded, were uncomfortable with descriptions of her ordeal which did not conform to clear good/evil dichotomies. The 'othering' of heinous crimes (Dahl, 2009; McAlinden, 2014) allows society to remain as distant onlookers on 'evil offenders' and ignore the contextualisation of child abuse. 'Othering' preserves the certainty both internally and professionally; reflected in a specific worldview.

Wade's (1997) work on the other hand, emphasises the centrality of the therapy context in affirming the victim's agency and is a political and ethical stance. In this sense 'agency switched-off' is not just a description of deficit but it is a purposeful, contextually derived phenomenon, which is always intentional (Todd and Wade, 2004). In that sense agency switched-off may be a therapeutic issue requiring practitioner critical self-reflection to determine an effective, and ethical response.

6.6.1 Agency and the System

That the countertransference reaction of powerlessness can lead to emotional withdrawal from the client is well documented in the literature, (Benedek, 1984; Gibbons et al., 1994; Wilson and Lindy, 1994; Strawderman et al., 1997; Walker, 2004; Brothers, 2009; Etherington, 2009; Gibbons et al., 2011). It is a means of protecting the therapist from the horror of witnessing (Couper, 2000; Iliffe and Stead, 2000; Boulanger, 2008; Etherington, 2009) the abuse story. While acknowledgement of the problem of agency is frequently explained in terms of the trauma paradigm, the findings here, suggest that there are multiple sites of problematic agency and that it is not just peculiar to the victim-self. Inquiry participants described constraints on agency stemming from the Health System itself within which they work. The group demonstrated that victim work can bring to light problematic agency at the levels of the personal, professional and systemic, which is more than just contagion. Primarily, empathic and agentic capacities are affected not just in terms of countertransference but by the therapeutic context and organisational structures. They identified constraints on their clinical decision making, interventions, therapeutic orientation, worldview, their identity, role

and purpose arising from the work context. Therapists described a ubiquitous sense that agency was constrained and some ambivalence about organisational power. Walker (2004) describes the kinds of organisational cultures which can make therapists feel undervalued and lends support to the findings here. Gibbons et al., (2011) reports that the sense of feeling valued by the service and wider society has an impact on the social workers potential for positive growth.

These multiple sites of problematic agency are often explained in terms of trauma contagion. If trauma can be mirrored systemically then, I argue, so can agentic dysfunction. Towler (1997) makes the point that the organisation can also become 'stuck' in the gestalt cycle. The stuckness can be mirrored by the client and projected onto the client in counselling setting (Gibbons et al., 2011). Working with the stuckness of victimisation was challenging and testing and perhaps suggests that there is a gap in our knowledge of therapeutic work with victimisation and its impact professionally and interpersonally.

6.7 WORKING WITH AGENCY SWITCHED-OFF

6.7.1 The Bystander Position

As the investigation progressed it seemed to become clear that the group was experiencing 'bystander frustration', a consequence of repeatedly being witness to the victim's 'agency switched-off'. Fisher (2005), Etherington (2007), Boulanger (2008), Etherington (2009) and Stern (2012) talk about the importance and complexity of 'bearing witness' in their work with survivors of violence and childhood abuse respectively. Witnessing involves them in an empathic and containing relationship with the client's terrifying horror and 'chaos' stories. However, the witnessing stance is not connected with agency switched-off in the literature. The passivity which is so characteristic of the victim (Gilligan, 2003; Davis, 2005; Dah, 2009; Joseph 2011; McAlinden, 2014) is explained in terms of trauma. However, contextual constraints and certainty discourses contribute to diminished human agency and are not trauma generated (McEvoy and Mc Connachie, 2013). Perhaps this hints at therapeutic ideology as individualising and depoliticising social issues such as sexual abuse (Davis, 2006); sexual abuse as framed exclusively through the therapeutic lens may well

create expectations not just of healing but of problem managing, which has implications for human agency.

Witnessing is of particular importance because survivors need to be heard and validated primarily (Fischman, 1991; Sexton, 1999; Nelson-Gardell, 2001; Boulanger, 2008; Nasim and Nadan, 2013) and child survivors particularly so, as the findings here suggest. A witnessing stance places the therapist in a bystander position to the client's story and in terms of victimisation this stance was constantly challenged by urges to rescue or disavow or control. Strawderman et al., (1997) talk about the therapist's negative countertransference reactions of frustration and hopelessness. They describe the mirroring of stuckness causing frustration thereby affecting the capacity for empathy. This certainly seems to capture the idea of 'bystander frustration'. However, it falls short of acknowledging it as a common reaction to the victim-self. They suggest rather that these reactions reflect the workers' own assumptions and beliefs about power and abuse of power, overlooking the operation of victimisation within the whole system.

The research process helped the group to identify bystander frustration, something experienced by the whole group in their work with the victim-self, and in my view, does not seem to place practitioners in any one or other ideological camp. Rather it seems to be an unremarkable reaction to engaging with victimisation and experiencing the double bind (Etherington, 2009) that implies. The findings suggest that by acknowledging frustration, space was made for understanding to occur; akin to Blackwell's (1997) ideas about holding, containing and bearing witness as the primary therapeutic approach. Therapeutic witnessing provides the safety that Etherington (2005) talks about; acknowledgement of both the chaos stories (Etherington, 2009) and the resourcefulness of the victim in their survival strategies and can contribute to the healing process (Nasim and Nadan, 2013).

6.7.2 Suspending Agency

The idea of contained bystander as reliable container for the clients horrifying story is similar to that described above by Fisher (2005) and Boulanger (2008). Figley (1995), Salston and Figley (2003) and Etherington (2009, 2005) however, draw attention to the potential for therapists to become traumatised themselves through mirroring responses. I

contend that containment makes us bystanders but this does not mean we are passive in the way Etherington (2005) implies. Witnesses are never just passive according to Walklate and Petrie (2013). Being a contained bystander requires rather more of the therapist than being a helpless vessel for contagion or a distant expert. It is an important part of building dialogue, empathy, understanding, and trust in the truth of the client's early experience (Nasim and Nadan, 2013). It moves practitioners on from being just 'helpful' (Blackwell 1997) to helping integrate, recreate and accept. Therapists are often drawn to rescue the client because witnessing is difficult (Blackwell 1997), counterintuitive and perhaps even unpopular (Hacken and Schlaps 1991). The research group was grappling with several things that a good deal of the research literature recognises: dealing with countertransference, (Gibbons et al., 2011) engaged bystanding, (Proctor, 1997), being present (Fisher, 2005), suspending (Seely and Reason, 2008), containing (Boulanger, 2008), holding (Blackwell, 1997), supporting/supportive listening (Anderson and Hiersteiner, 2008; Etherington, 2009, 2005) and being proactive (Davis 2005). It is my view that therapists struggled to contain and respond. They wrestled the strain of containing frustration, and felt the struggle to remain a bystander while not rescuing. This was a complex task that required a deeply human as well as professional engagement with the client, the capacity to contain and make sense of distressing feelings and sensations and the patience to trust in the client's own inherent agentic capacity. In suspending agency National Counselling Service practitioners attempted to sit in the face of complexity, Seeley and Reason (2008). In suspending agency, co-researchers were attempting to *"hold back on our own activity"* Seely and Reason (2008, p. 12), in this case, the intuitive urges to rescue, disavow or control. Without recognising bystander frustration as a common and unremarkable reaction to the victim-self, suspending agency might not have been the conscious next step in the investigation process. It is likely that suspending agency involved the group in a different way of knowing, presentational knowing and perhaps offering participants much needed respite from propositional knowing.

6.7.3 Engaging Agency

The next stage from suspending agency was moving to a position of ethical bystanding which incorporated the idea of responsively containing and making sense of the

experience with the client. The bind for the therapist which accompanied agency switched-off was the 'damned if you do damned if you don't' notion. Being an unresponsive bystander in the face of therapeutic impasses or perpetual stuckness was not helpful, so the task became what intervention will actually enable client agency rather than discourage it further. The bind arose as therapists attempt to deal with agency switched-off by using problem solving strategies, because they offer relief for the therapist who is then able to be helpful (Blackwell 1997) in response to the helplessness of the victim-self. However, this can disempower the client even further by reinforcing their helplessness and perhaps tip the practitioner into a sense of loss of control (Etherington 2009). It seems to me that ethical bystanding drew National Counselling Service therapists away from acting on urges to intervene, borne of unreflective mirroring. Instead, they reflected on their own reactions more fully and engaged in debate with the inquiry group, thus, discovering what kind of intervention might be useful at that point. This seems to me to be 'engaging agency' since it seems to follow the process of 'suspending', towards discovery of an ethical response to problematic agency.

6.7.4 Reflecting on Agency

The research process also seemed to identify another position which involved dialoguing with captivity. This hinted at practitioner awareness of and ability to tolerate the sense of powerless victimisation with the client. It seemed to have the feel of a state of captivity as described by Betancourt (2009) and Kampusch (2010). The findings suggest that therapists managed to move beyond a mirroring reaction and into conscious joining in the captive experience. By entering into the client's sense of captivity, counsellors were able, at times, to begin a reflective dialogue with the client about the experience of being victim. In my view, such dialoguing is challenging because it requires courage of the counsellor to enter the uncertainty of the client's desolate prison and respect that way of surviving. The findings here suggested that such dialogues created opportunities for shifting from stuck positions. Joseph (2011) also suggests that people can trap themselves in their narratives and that therapists need to be mindful of the stories clients tell of themselves. The idea is also echoed in the work of Strawderman et al., (1997) when they refer to the therapist recognising stuckness and understanding how the client can become entrapped. This kind

of empathic awareness became manifest in the therapeutic work and was a springboard for more creative therapy which helped dissolved the impasse and re-establish empathic connection. Anderson and Hiersteiner (2008) point to the dismantling of agency embedded in several approaches to therapy with victims of abuse because of a problem-saturated formulation of survival. They advocate helping clients tell new stories about their lives which can create space for new possibilities. There are parallels between that assertion and the findings here since dialoguing with victimisation from an empathic and contained position offers the possibility of altering a stuck narrative, something also borne out by Joseph (2011) and Boulanger (2008) described joining with the client's experience of powerless victimisation and how that modified her practice.

There are however, several complex demands on National Counselling Service therapists that can constrain their capacity to work with agency switched-off: personal, professional and institutional. These can be conflicting, such as a need to feel a sense of adequacy and purpose in the work alongside feelings of powerlessness, working with the complexity of the victim-self while acknowledging the limitations of service provision, working with a sense of uncertainty at several levels while also needing to protect from victimisation. The literature in this area explains these experiences in terms of theories of trauma, countertransference and organisational dynamics. However, victimisation can be obscured in those accounts or equated with trauma effects. These findings suggest that victim-self positions are taken up routinely and in response to contexts, and constitute, I believe, political activity. Therefore, understanding the complexity of context is important since it can both constrain and expand (Anderson and Heirsteiner, 2008) personal growth and change.

6.8 LEARNING THROUGH PARTICIPATION

This study was also concerned with how collaborative, self-directed insider/outsider research could be useful in altering clinical practice. It was important for the group to evaluate the endeavour and reflect on what was learned and achieved by stepping into a novel research method. Question 2 was framed as follows:

2 What changes can practitioners make to practice as a result of collaborative researching?

6.8.1 Complexity

Complexity became characteristic of descriptions of the victim-self as practitioners reflected on their work. The research process highlighted how prone the group was to reduce what is complex to simpler facts, which, I suggest, allows us to feel some sense of control and reduces uncertainty, Brothers (2008). Kampusch (2010) refers to the way her attempts to comprehend her ordeal in a complex way was met by professionals and others:

> *'… with my comments I have touched a nerve and with my attempts at discerning the human behind the facade of tormentor and Mr clean, I have reaped incomprehension… I wanted to understand why he had become the person who had done that to me... it was glibly dismissed as Stockholm Syndrome.'*
>
> *(Natascha Kampusch 2010, Kindle, location 3563)*

She seems to validate Brothers (2008) idea of the often traumatising effect of the shattering of systemically emergent certainties, not just for her but for society who becomes witness to her horror.

It seems to me that complexity was generated in the inquiry group through the tension of participation which sorely tested the capacity for 'negative capability' (Brothers, 2008; Seeley and Reason, 2008). Talk about the victim-self moved forwards and backwards from the outset of the research. There was a grappling with ideas and then comparing those with experience and action. This ordinary, fluid engagement and exchange helped the participants to shift thinking from frustration-laden-stuckness to more holistic constructions of victim in terms of 'continuum' or 'context' or 'environment' or 'lesser narrative'. The change however was not a cognitive exercise but rooted in action and reflection. Kurri and Wahlstrom (2001) describe the domestic violence counsellor as skilful manager of the dilemmas connected with constructing client agency. Their account describes the counsellor as able to manage the complexity of two paradigms of autonomy dialogically. Though they deal with domestic violence, there is considerable overlap with childhood abuse work. The complexity which developed over the course of the inquiry

demonstrates not only awareness and understanding about the topic but also the skill or competence (Reason, 1998a) of knowing how to change such stuck positions.

6.8.2 Containment and Constrainment

Reason (1999b) describes the research cycles as providing containment for the development process moving people away from the linear cause and effect thinking. Containment includes the ideas of safety and uncertainty, (Reason and Goodwin, 1999; Brothers, 2008) and Heron (1997, p 253) suggests that novel order emerges *"at the edge of chaos where large fluctuations between chaos and order occur"*. It seems that this is particularly dilemmatic for National Counselling Service therapists who are constantly vulnerable to constriction rather than containment within a hierarchical culture, political-financial turmoil and switched-off agency. Such a state of affairs can also automatically filter out chaos leaving therapists quite stuck in practice; echoing Heron's (1997) belief that safety has become over-control within the profession. Reason (1999b) suggests that experiencing a sense of connectedness to the whole can help people move out of constricting thought patterns. In this sense, the investigation process itself offered safety and uncertainty as a way to generate more complex meaning.

6.8.3 Self–in-a-system

Being aware of being embedded in a context and part of a larger system invited a more interactional approach, not just to the work but the profession itself. As the group reflected on the context of abuse it took the inquiry in a different direction towards the organisational and socio-political contexts and their various influences. This had a consciousness raising effect as the hidden systemic influences were recognised.

Through reflecting on the failed Celtic Tiger, the inquiry engaged with a sense of powerlessness and victimisation and at the same time expressed gratitude for having been part of the Celtic Tiger years. The financial collapse and subsequent austerity that profoundly affected the health system was felt in a changed culture of rigid and unyielding financial control and strict adherence to policy. The stuckness and frustration experienced by practitioners in relation to client work reflected that socio-political climate. The group

perhaps revealed the several constraints on efficient impact (Dahl 2009) that reflected embeddedness within the system. The mobilisation of efficient impact was aided by the participative method which prioritised self-directed meaningful action in the service of change. There was a movement away from control issues in the therapeutic space towards interaction which celebrates the difference of the other and finds joy in promoting greater autonomy for the other. This kind of empowerment is processual and reflects the system and context within which it is rooted. Lack of control has been considered an important factor in the experience of victimisation and helplessness (Peterson and Seligman, 1983), implying that a self-generating culture (Heron, 1997) is not just desirable but essential to promoting client agency and also echoed in Joseph (2011). When this awareness is missing in therapy contexts, then I maintain that therapists are not best placed to enable client agency.

6.8.4 Greater leverage in practice

The research group described specific alterations in practice offering practitioners greater leverage in their interventions with the victim-self, and specifically with agency switched-off. Boulanger (2008) talks about how witnessing as a therapeutic stance meant that her boundaries were temporarily dissolved and she was able to convey to the client a willingness to be present to her distress and horror. She wrote, *"I became one with Celeste"* (p 652). Leverage, for co-researchers, resemble this experience. The group consciously decided to be present to the client's victimisation and bear the agentic dysfunction. The presence was a conscious action and demonstrated a commitment to being in a different way with the client: actively 'being with' the experience of agency switched-off, physically, emotionally, cognitively and dialogically. It was a creative 'being with', symbolic of being to act rather than being to produce (Seeley and Reason, 2008).

Fisher (2005) asserts that the capacity for presence and an attitude of intersubjectivity may help practitioners remain connected to the abused client without risking vicarious traumatisation. Etherington (2005) testifies to the power of a witnessing stance to build agency and Blackwell (1997) talks about bearing witness as both a personal and political process.

Bearing witness then, creates opportunities for change to take place at the level of the relational. It relies on the practitioners' capacity to flexibly and courageously respond to the client, which may also mean the capacity to work across frames and approaches. It seems that the idea from this study of self-reflecting on captivity bears some resemblance to bearing witness. It represented a different way of being in relation to the victim-self that brought leverage to the therapeutic work

The leverage gained also represents a movement away from objectifying the victim-self as a frustrating block to the practitioner-defined therapeutic agenda, and towards greater empathic connection with the victim-self and victimisation.

6.9 CO-OPERATIVE PROCESS AND TRANSFORMATION

The study departed from a co-operative inquiry as described by Heron and Reason (2001) and could be described as a brief inquiry group informed by the co-operative inquiry approach and ethos. Despite its brevity however, it was transformational. The changes were not only reported during evaluation but evident in the group climate and in the later consultation meeting. That change was emergent and varied among the co-researchers. Reason (2006) describes action research as an emergent process something which develops as those involved develop greater awareness. I believe a brief inquiry, such as this, operates in a slightly different way to those described by Reason (2006). It seemed to me that the action tasks constituted mini first-person research/practice, as they involved client interaction and journal writing. Those actions were influential in terms of transformation as they themselves involved reflecting and revising. The group became the larger container for deeper, divergent reflection on reflection; second-person/research practice. The movements between first and second-person research/practice intensified the inquiry process. Marshall and Reason (2007) make the point that taking an attitude of inquiry involves, among other things, developing the capacity to move between frames. It seems to me that this study, which was a reciprocating interaction between first and second-person person research/practice, generated greater flexibility in framing. Revising frames happened because of two processes: the participative influence on experience and thinking and the between meeting mini-cycling with the client and the journal.

6.9.1 Sustaining Change

System culture, power differentials, and divergent agendas all play a role in the way therapists practice and think about their work and their identities. Whether it is possible to sustain and even develop awareness of victimisation within contexts where it may be overlooked is hard to know. Gibbons et al., (1994) candidly state that *"we social workers need our own supportive communities or holding environments in which we can freely express and work through feelings of helplessness and rage without fear of being reprimanded or rejected"* (p. 220). They hint furthermore, that creating supportive structures is both an individual and an organisational responsibility. These opinions confirm the idea that containment and empathic attunement are connected to the way systems communicate (Blackwell, 1997).

When such recognition is obscured systemically, are practitioners then able to maintain their awareness and address the victim-self? Reason (2006) asserts that the inquiry process continues on after the group ends. Influence is not fleeting or dependent but makes a genuine personal difference. As this study ended, a novel idea emerged through the discussion and brainstorming evaluation. The participants suggested that a supervision inquiry group would be useful to consider setting up in the future. This seemed to indicate the need for a particular kind of communicative space: one which was relatively free of imposed obligations but strives towards consultation, many ways of knowing, authenticity and perhaps most importantly self-directedness. Future practitioner based research is also now realistically achievable because practitioners now have the knowledge and skill to conduct their own research projects, which is one of the central aims of action research.

6.10 SHORTCOMINGS OF THE RESEARCH

The research design had several shortcomings and challenges some systemically generated others stemming from personal limitations. The challenges had to do with: the psychological contract and leadership, the insider/outsider approach applied to a brief inquiry, the doctorate as product, using the method within a conservative and hierarchical system and the topic of victimisation. These issues challenges the inquiry group members personally and interpersonally and in particular our capacity to be openly flexible.

The clear shortcoming of the research design was not including a 'preliminary/opt in' phase where perspective participants could tease out assumptions consciously. Co-researchers could then get a feel for the nature of the group approach. Perhaps this might have provided the group with a more level playing field and in itself contribute to our agentic functioning. The brevity of the inquiry effected what was methodological possible i.e. repeated cycling was practically difficult, however mini first-person research practice cycles were a feature of the action tasks. The ending was predetermined and limited by my capacity to negotiate with those in authority. Full group participation in the establishment and design of the inquiry group was also not practically achievable. There were time, academic, bureaucratic and geographic constraints affecting that preliminary stage of the inquiry. Not collaborating on reading the transcripts was one specific flaw. It might have had a helpful impact on the group process, critical self-reflection and on knowledge ownership. It might have encouraged more open debate and disagreement which might not have been particularly useful in the short time frame allotted. Inadequate group facilitation was a further shortcoming of the research design. Contracting an external facilitator would have been a more effective approach that might have helped the group verbalise anxiety about insider/outsider research and helped the group to get to grips with the researching process. I encountered constraints on engaging an external facilitator to do with availability, which conflicted with the arrangements for the research. Engaging an external facilitator needed to be a priority task of initiating an inquiry group. The topic itself was quite ephemeral and taxed clinicians' ability to articulate their experience and plan action. Perhaps a mixed method might have opened the topic up more.

6.11 FURTHER RESEARCH

The findings here suggest a few other areas for further research. It would be useful to better understand the effect judicial redress has on the client's victimisation and if it makes a difference to victim agency. It would also be illuminating to conduct follow up research with clients who have and have not been through a judicial redress process, and establish any distinctions in victim expression and agency.

In light of the findings here, studying therapeutic intervention as part of a broader social response to victimisation could illuminate better what helps to foster and develop agency.

This study also suggests the need for further research on therapeutic responses to victimisation across many different client groups, in order to explore the kinds of approaches and interventions that help improve or hinder agency.

Within the National Counselling Service, this work suggest a further look at what helps sustain practitioner change and transformation as a result of continuous professional development. Taking this a step further, the service could also look at how practitioner transformation can assist service development, evolution, expansion and change.

CHAPTER 7

7.0 CONCLUSION

This research set out to understand psychotherapeutic work with the experience of victimisation. National Counselling Service practitioners came together to form a research inquiry group in order to investigate and change current practice with the victim-self. What emerged through the whole process was a clearer understanding of the victim-self as a positional phenomenon, acting to defend, protect and control. The positions identified operated so as to exert a bind on practitioner agency and evoking in them strong urges to action which potentially threatened empathic connection to the client and potentially undermined client agency.

The researching process identified agency switched-off as the central practice issue for therapists working with the victim-self, and was recognised to be an: internal, intersubjective and systemic issue. The findings suggested that the bystander position was distressing for practitioners who felt compelled to act in order to: fix, disavow or control the whole process. The resultant bystander frustration was identified as both a common and significant reaction to agency switched-off and also became the inquiry group's starting point for making a change to practice.

The action/reflection cycles led the group through a stage process in working with agency switched-off: from agency compromised, to suspending agency, to engaging agency and finally to a position of dialoguing with agency switched-off. This process helped to bring about a change in practitioner urgent responses and fostered a sense of responsive containment.

7.0.1 Co-operative Inquiry as Method

Practice for participants altered as a result of the inquiry. Suspending urgent reactions, witnessing and responsively containing brought leverage to clinical practice, comfort with victimisation and a new understanding of victimisation as complex presentation. It also developed practitioner awareness of themselves and practice as systemically influenced. This had a consciousness-raising impact which helped in the evolution of a reframing mind.

Transforming practice is quite ambitious. However, it is implied through the requirement of continuous professional development, and this study provided some supportive evidence for that need in relation to victimisation. The findings here make a contribution to our developing knowledge of therapeutic work with victims of childhood abuse. The findings signal that professionals may not recognise how victimisation operates within the therapy context and among other things, that therapists' taken for granted ways of responding may render the client less agentic. Fostering greater social justice for clients means that the profession needs to remain open to looking inside, outside and between in an effort to improve clinical practice with the victim.

7.0.2 Transforming through the inquiry process

The group as reliable container was vital and significant in order for co-researchers to discover change. However, it was not always a comfortable space. There was anxiety, anger and confusion present in the interaction, contained by me principally. Containing and processing my own feelings during the group and transcription work helped me transform and manage the unspoken pain and suffering of practitioners and clients. This helped to bring about an increased capacity for emotional containment and improved empathic connection generally within the group.

7.1 IMPLICATIONS FOR THEORY AND PRACTICE

This research shows that victimisation is complex and multi-layered. The victim-self is relational and operates to protect and defend, gain care and recognition, seek justice and ensure continuity and selfhood.

7.1.1 General Implications

The findings here suggest that victimisation is poorly understood as clinical practice issue. The research supports the view that the victim-self adopts a number of positions in relation to practice and is particularly characterised by faulty agency. This study further implies that counselling psychology and psychotherapy needs to recognise victimisation as a clinical issue with clients who experienced childhood abuse, which means practice adjustments. Practice needs to have a fundamentally relational approach because working

with victimisation often exerts a bind on clinical work. Acting on the strong countertransference urges or taking a directive problem solving approach can further dismantle client agency and negatively affect empathic connection. Conducting therapy that has specific time limits can also negatively affect client agency. Counselling psychology and psychotherapy therefore needs to develop practice which includes witnessing and withstanding feelings of powerlessness and respond reflexively, empathically and ethically to promote the victim's agentic capacity. Work at this level means that therapists need to have: knowledge and awareness of the influences of context on victimisation, knowledge and understanding of systems theories, knowledge and awareness of social justice and the psychological implications for client of a lack of justice, and an awareness and appreciation of the practical and epistemological constraints of existing theory.

Two issues are particularly important according to the findings here; empathy and agency. It is impossible to create a separation between these since each flow from the other and both facilitate growth and development (Croghan and Miell, 1999). This work however, outlines a way to tackle the bind on agency and help restore/promote empathic connection.

7.1.2 Implications for Supervision and Consultation

An unexpected outcome of the research was the recognition of the need for a particular kind of supervision/consultation. The research group provided a particular space which acknowledged the personal, the intersubjective and systemic constraints on agency. This seems to indicate that victim work requires a complex understanding of the victim experience and its pervasive impact on identity, emotions and capacity for agency. Therapy professionals seem to require a group space which is exquisitely attuned to the silent and spoken emotional impact of victimisation; a place where that impact can be held and explored safely towards greater agency.

7.1.3 Implications for Training

The work has implications for counselling psychology and psychotherapy training. It highlights the importance of understanding the idea of personal agency and how context

constrains and promotes this capacity. It suggests a link between bystander frustration and agency switched-off, indicating the need for clinical training to include relational theories of the self, alongside more traditional theories. A personal understanding of contexts which create and maintain victimisation is very important to include as part of any training, since urgent actions may arise from the therapists' own previous history of victimisation. Training needs to develop practical awareness of and understanding of gender and hierarchy on agentic functioning. Training needs to include justice as clinically relevant to clients who have been denied this as children.

7.1.4 Implications for Counselling Psychology Practice with Victimisation

This in turn stresses the need to develop awareness of victimisation and the victim-self and the many ways it is expressed routinely in therapy. It challenges some of the traditional formulations of victim and highlights a gap in knowledge and practice. It also means expanding knowledge about the function and operation of the victim-self and how practice can contribute to reconnecting agency in those for whom the victim-self has become the dominant position. The research also shows how challenging victimisation is to practice and therefore it is important for psychologists and therapists to develop knowledge and awareness of powerlessness and professional practice. Finally, this thesis supports the inclusion and integration of a relational concept of the self in counselling psychology theory. The findings here have shown many of the ways it performs to achieve something within the context of complex relationships. By also including relational concepts of the self as mainstream, greater awareness can be brought to the influence of context on therapy, and the way language socially constructs.

7.2 REFLECTIVE COMMENTARY

From the outset, this project challenged me personally, professionally, systemically and methodologically. Action research was, for me, an 'ideal' born of a desire to alter my practice which had become stuck and sterile which neither training nor supervision impacted. The nature of much psychology and psychotherapeutic practice is solitary. I am mindful however, that I am always a co-contributor in any social interaction including

therapy. With this in mind, my aim in researching was three fold: develop an understanding of victimisation, how I might be contributing to the client's victimisation and generate change in the way I practice with the victim presentation. I felt uncertain about researching alone, as I thought individual interviews might not be containing enough to encourage deep reflection of an ephemeral issue. I was concerned about establishing an extractive dynamic through research interviewing, and I was aware that I was grappling myself with the topic in my own work. My previous experience of participating in research left me feeling excavated and not as contributor to the creation of new knowledge. I had been left out of the analytic and reporting tasks and had no further contact with or access to the researcher or finished research study. These experiences left me feeling somewhat objectified, useful for the extraction of ideas only. Those experiences greatly influenced my choice of research method. Joint participation in the production of a study has a logic, because for me knowledge is always the product of interaction. Acknowledging the contribution of others in that creation process is an important value for me because it contributes to a sense of social justice.

Action research therefore appealed to me on a philosophical level. It espouses non oppressive inquiry methods, shared leadership, and the view that knowledge creation is a shared activity. There is a deep personal appeal to me in this as research method. Creative, unconventional thinking and being have a home in the method, which foster authenticity and inclusivity. In many ways it encourages personal agency.

I had some intellectual understanding of these things on embarking on this project, but less awareness of how this might work in practice. I had also had several years of experience as a group supervisor and group supervisee and felt some confidence in embarking on the study. I assumed however, that participants' motivations for joining the inquiry were similar to mine. I also assumed that colleagues shared my interest in the self-regulatory nature of the group work. I believed also that I prepared well for the group set up and maintenance, but in many ways I was not prepared enough for the evolving process and how that impacted my expressed agenda i.e. my doctoral thesis. The group, as it formed, had its own agenda and this was particularly difficult for me to grasp initially and accept. I struggled with an urgent need of my own, to keep the group on track with the explicit

research agreements. The doctoral agenda was never far from anyone's mind and it was referred to at times of strain, oscillating between authority figure/ leader and rescuer.

I was taken by surprise when I realised that others were also participating for reasons other than as co-researchers. I responded to this with anxiety and, at times, panic as I saw the action research approach go awry, it seemed. At times there was a general feel of 'being at sea', rudderless and directionless; expressed by the group in a need for direction from me because the doctorate was mine, after all, and that I must be thinking about this subject all the time. I responded to contain the anxiety but not to become the leader. It felt painful not rescuing others from the demand for external leadership and co-researchers felt angry and anxious in response. At those times the group itself reflected the victim-self's problematic agency and the strong need to depend on the other for self-determination and survival even. I felt the weight of responsibility for the continuation of the group and it felt a heavy and painful burden which frequently reduced me to tears during transcription. Action and accountability at times generated tension and frustration within the group and I felt powerless to change this. The group itself struggled with agency reflecting the operation of the victim-self. At times during reflection there was a tendency towards advice giving, which seemed to indicate the group's struggle to contain strong emotion towards fixing, rescuing or disavowing. This itself was a reflection of practice struggles with victimisation.

I was not aware enough of the ingenuity such chaos can create and the potential for the group to enter what Reason and Goodwin (1999) describe as the zone of healing, a place of novelty and creativity. The brevity of the project itself was both a constraint on and creator of the chaos. Though co-researchers expressed confusion, the time limit also prompted them to take risks with ideas and indulge in playfulness, laughter and their own ideas.

There was also painful learning in the doing of the research. I realised how difficult insider/outsider research really is. There seemed to be so many contradictions built into the method. I tried to filter out the contradictions through contracting but by doing so I was ironically leading and controlling. My colleagues came with their own preconceptions and agendas which I took little notice of. Over the course of the meetings it appeared to me that my co-researchers saw themselves as helpers to me and in the process hoped to gain something for themselves, specialist group supervision. The psychological contract

might have been something like this, I arrange for 4 days of professional development activity for myself and colleagues. For their co-operation they needed some structure and guidance from me in order to both contribute and gain. This seems to be a reasonable and equitable contract, although unacknowledged and unexpressed, but silently and distantly assumed without question. However, the silent assumptions bypassed the expressed statements of participation in the first instant and something jointly agreed, at least espoused agreement. The victim-self was always present in the group even before it was formed. It was a spectre awaiting revelation in and through the group's emotional expression and struggle to exist and become.

I was ill prepared for the emotional impact of transcribing. The act of transcribing connected me with feelings I only barely acknowledged during the research process. It shocked me to feel such distress as I transcribed, and to recognise how easily I can dissociate from difficult feelings. Furthermore, I became aware that this self-protective mechanism was shared by others of my colleagues too. At the same time, I played a containing role in the group, which meant holding and containing unexpressed sadness, pain, anger, expressed uncertainty and frustration. Managing this distress for the group was perhaps my main contribution and was transformative in many ways for all of us. It acknowledges the silent suffering and helps to create an emotionally safe and accepting environment where the victim-self is also welcomed rather than shunned. Perhaps co-researchers own hidden agendas hinted at a deep need for such an emotionally reliable and permissive space.

Insider/outsider researching aspires to create a democratic environment and anti-oppressive inquiry, both of which are passionately held ideals of mine. However, I discovered that the researching process was beset by paradox and obstacles to achieving those ideals. The doctoral thesis was one such block, and it was only towards the end that I recognised the impact it had on the inquiry group. It seemed to convey ownership of the process and the knowledge generated, which, to an extent, was unsettling for the group members who wished to perform for 'my piece of work' and achieve something for themselves too. I was also obligated by the academic requirement of a research proposal submitted in advance of the inquiry, which included a credible justification. I attempted to reconcile that paradox by distancing it from my feelings during the research, however it

remained and was a presence in the inquiry group. I felt my own agency constrained from the very outset, which could only become clear to me during the process itself. The many demands of the project both systemically and interpersonally felt too taxing at times and beyond my capacity. However, passion, determination and reliable academic support encouraged me to persist. The experience demonstrated that insider/outsider research is itself an emergent process, more countercultural that I recognised and inherently paradoxical in practice. It is nevertheless, fascinating, absorbing, challenging and a stimulating way to conduct research.

The project itself was personally transformational. I became very active in the British Psychological Society and was elected Chair of the Division of Counselling Psychology in Northern Ireland. I developed a workshop programme on working with victimisation which I presented at two conferences. The feedback indicates that practitioners benefit hugely from exploring the impact of victimisation on them personally and professionally. I plan to provide workshops and symposium presentations more widely and across many sectors dealing with victimisation both nationally and internationally.

7.3 FINAL COMMENT

The final comment perhaps should rest with the zombie vision I had about my work, and which was a significant influence on instigating this project. The zombie was a mysterious presence with me for a very long time. It seemed to signify the antithesis of what I wanted to achieve in my work. It was a haunting shadow in my therapy room and often deeply resonated with the clients' struggles. It was only when I ceased trying to analyse, dissect and rationally explain it away that it sat with me and asked me for help. I invited the unwelcome guest in; the outcast and dissociated wraith, and it led me to the victim-self. It certainly captivated me. It seems to represent the shadowy frailness of my own profession, struggling no less than others to make sense of the world and stumbling along the way. This zombie client has transformed me and been transformed into an intriguing aspect of selfhood which illuminates, and is no longer consigned to the shadows.

REFERENCES

1. Achilles, Mary, and Howard Zehr. "Restorative justice for crime victims: the promise, the challenge." *Restorative and community justice cultivating common ground for victims, communities and offenders. Cincinnati, OH: Anderson* (2001): 87-100.

2. Alcoff, L., & Gray, L. (1993). Survivor discourse: Transgression or recuperation? *Signs*, 260-290.

3. Allen, S. (2002). Male victims of rape: responses to a perceived threat to masculinity.
New Visions of Crime Victims. Oxford: Hart Publishing.

4. Anderson, K. M., & Hiersteiner, C. (2008). Recovering from childhood sexual abuse: Is a “storybook ending” possible? *The American Journal of Family Therapy*, *36*(5), 413424.

5. Anonymous. (2013) *Girl A. My Story*. Ebury Publishing.

6. Appleton, J. V. (2014). Child Sexual Exploitation, Victimisation and Vulnerability. *Child Abuse Review*, *23*(3), 155-158.

7. Argyris, C. (1976). Theories of action that inhibit individual learning. *American Psychologist*, *31*(9), 638-654.

8. Argyris, C., Putnam, R., & Smith, D. M. (1985). *Action science*. San Francisco: Jossey Bass.

9. Argyris, C., & Schon, D. A. (1978). *Organizational Learning: A Theory of Acton Perspective*. Addison-Wesley.

10. Arnold, B. (2009). *The Irish gulag: How the state betrayed its innocent children*. Gill & Macmillan.

11. Baird, K., & Kracen, A. C. (2006). Vicarious traumatization and secondary traumatic stress: A research synthesis. *Counselling Psychology Quarterly*, *19*(2), 181-188.

12. Baum, F., MacDougall, C., & Smith, D. (2006). Participatory action research. *Journal of epidemiology and community health*, *60*(10), 854.

13. Benedek, E. P. (1984). The silent scream: Countertransference reactions to victims. *American Journal of Social Psychiatry, 4(3), 49-52*.

14. Betancourt, I. (2010). *Even silence has an end: My six years of captivity in the Colombian jungle*. Penguin.

15. Blackwell, D. (1997). Holding, containing and bearing witness: the problem of helpfulness in encounters with torture survivors. *Journal of Social Work Practice*, *11*(2), 81-89.

16. Boulanger, G. (2008). Witnesses to Reality: Working Psychodynamically With Survivors of Terror 1. *Psychoanalytic Dialogues*, *18*(5), 638-657.

17. Bowen, G. (2008). Grounded theory and sensitizing concepts. *International Journal of Qualitative Methods*, *5*(3), 12-23.

18. Brockhouse, R., Msetfi, R. M., Cohen, K., & Joseph, S. (2011). Vicarious exposure to trauma and growth in therapists: The moderating effects of sense of coherence, organizational support, and empathy. *Journal of Traumatic Stress*, *24*(6), 735-742.

19. Brothers, D. (2008). *Toward a psychology of uncertainty: Trauma-centred psychoanalysis* (Vol. 27). Taylor & Francis.

20. Bride, B. E. (2004). The impact of providing psychosocial services to traumatised populations. *Stress, Trauma, and Crisis*, *7*(1), 29-46.
21. Boscarino, J. A., Adams, R. E., & Figley, C. R. (2010). Secondary trauma issues for psychiatrists. *The Psychiatric times*, *27*(11), 24.

22. Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin*, *99*(1), 66.

23. Brydon-Miller, M., Greenwood, D., & Maguire, P. (2003). Why action research? *Action research*, *1*(1), 9-28.

24. Brydon-Miller, M., & Maguire, P. (2009). Participatory action research: Contributions to the development of practitioner inquiry in education. *Educational Action Research*, *17*(1), 79-93.

25. Burgess, R. C. (2005). A model for enhancing individual and organisational learning of 'emotional intelligence': The drama and winner's triangles. *Social Work Education*, *24*(1), 97-112.

26. Calhoun, L. G., Tedeschi, R. G., & Tedeschi, R. G. (Eds.). (2014). *Handbook of posttraumatic growth: Research and practice*. Routledge.

27. Carcary, M. (2009). The research audit trial–enhancing trustworthiness in qualitative inquiry. *The Electronic Journal of Business Research Methods*, *7*(1), 11-24.

28. Carroll, M. (1997). Counselling in organizations: An overview. *Handbook of counselling in organizations*, 8-28.

29. Carroll, M., & Walton, M. (Eds.). (1997). *Handbook of counselling in organizations*. Sage.

30. Carr, A., Flanagan, E., Dooley, B., Fitzpatrick, M., Flanagan-Howard, R., Shevlin, M., & Egan, J. (2009). Profiles of Irish survivors of institutional abuse with different adult attachment styles. *Attachment & human development*, *11*(2), 183-201.

31. Charmaz, K. (2003). Grounded theory. *Qualitative psychology: A practical guide to research methods*, 81-110.

32. Charmaz, K. (2006). Constructing grounded theory: A practical guide through qualitative research. *Sage Publications Ltd, London*.

33. Cloitre, M. (2013). The case: Treating Jared through STAIR narrative therapy. *Journal of clinical psychology*, *69*(5), 482-484.

34. Chouliara, Z., Hutchison, C., & Karatzias, T. (2009). Vicarious traumatisation in practitioners who work with adult survivors of sexual violence and child sexual abuse:
Literature review and directions for future research. *Counselling and Psychotherapy Research*, *9*(1), 47-56.

35. Coates, L., & Wade, A. (2007). Language and violence: Analysis of four discursive operations. *Journal of Family Violence*, *22*(7), 511-522.

36. Cooperrider, D.L. & Srivastva, S. (1987) "Appreciative inquiry in organizational life". *Research in Organizational Change and Development, (1)* 129-169.

37. Courtois, C. A. (1997). Guidelines for the treatment of adults abused or possibly abused as children (with attention to issues of delayed/recovered memory). *American journal of psychotherapy*, *51*(4), 497-510.

38. Courtois, C. A., & Gold, S. N. (2009). The need for inclusion of psychological trauma in the professional curriculum: A call to action. *Psychological Trauma: Theory, Research, Practice, and Policy*, *1*(1), 3.
39. Couper, D. (2000). The impact of the sexually abused child's pain on the worker and the team. *Journal of Social Work Practice*, *14*(1), 9-16.
40. Croghan, R., & Miell, D. (1999). Born to abuse? Negotiating identity within an interpretative repertoire of impairment. *British Journal of Social Psychology*, *38*(3), 315-335.
41. Dahl, G**.** (2009). Sociology and beyond: Agency, victimisation and the ethics of writing. *Asian Journal of Social Science*, *37*(3), 391-407.
42. Davis, J. E. (2005). *Accounts of innocence: Sexual abuse, trauma, and the self*. University of Chicago Press.
43. de Jong, R., Alink, L., Bijleveld, C., Finkenauer, C., & Hendriks, J. (2015). Transition to adulthood of child sexual abuse victims. *Aggression and Violent Behavior*.
44. DeLisi, M., Kosloski, A. E., Vaughn, M. G., Caudill, J. W., & Trulson, C. R. (2014). Does childhood sexual abuse victimisation translate into juvenile sexual offending? New evidence. *Violence and victims*, *29*(4), 620-635.
45. Dick, B. (2004). Action research literature themes and trends. *Action Research*, *2*(4), 425-444.
46. Dunn, J. L., & Powell-Williams, M. (2007). “Everybody Makes Choices” Victim Advocates and the Social Construction of Battered Women's Victimisation and Agency. *Violence Against Women*, *13*(10), 977-1001.
47. Durham, A. (2003). Young men living through and with child sexual abuse: A practitioner research study. *British Journal of Social Work*, *33*(3), 309-323.

48. Egan, J. (2006). Burnout in Female Counsellor/Therapists of the NCS. Unpublished Thesis. Dublin. HSE.

49. Elkjaer, H., Kristensen, E., Mortensen, E. L., Poulsen, S., & Lau, M. (2014). Analytic versus systemic group therapy for women with a history of child sexual abuse: 1-Year follow-up of a randomized controlled trial. *Psychology and Psychotherapy: Theory, Research and Practice*, *87*(2), 191-208.

50. Etherington, K. (2005). Researching trauma, the body and transformation: A situated account of creating safety in unsafe places. *British Journal of Guidance & Counselling*, *33*(3), 299-313.

51. Etherington, K. (2007). Working with traumatic stories: From transcriber to witness. *International Journal of Social Research Methodology*, *10*(2), 85-97.

52. Etherington, K. (2009). Supervising helpers who work with the trauma of sexual abuse. *British Journal of Guidance & Counselling*, *37*(2), 179-194.

53. Farrell, G. (1992). Multiple Victimisation: its extent and significance. *International Review of Victimology,* 2(2), 85-102.

54. Figley, C. R. (1982, February). Traumatization and comfort: Close relationships may be hazardous to your health. In *Keynote address for Families and Close Relationships:*
Individuals in Social Interaction, Conference at Texas Tech University, Lubbock, TX.

55. Figley, C. (1995). Compassion Fatigue as Secondary Traumatic Stress Disorder. An Overview. *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in those who treat the Traumatised.*

56. Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self-care. *Journal of clinical psychology*, *58*(11), 1433-1441.

57. Figley, C. (2010). Compassion Fatigue: An Introduction. Retrieved from https://sites.google.com/site/charlesfigley/Home/traumatologyinstitute/research/cf.

58. Finkelhor, D. (1990). Early and long-term effects of child sexual abuse: An update. *Professional Psychology: Research and Practice*, *21*(5), 325.

59. Fisher, G. (2005). Existential Psychotherapy with Adult Survivors of Childhood Sexual Abuse. *Journal of Humanistic Psychology,* 45(1), 10-40.

60. Fishman, Y. (1991). Interacting with Trauma; clinicians' responses to treating psychological aftereffects of political repression. *American Journal of Orthopsychiatry*, 6(2), 179-185.

61. Fitzpatrick, M., Carr, A., Dooley, B., Flanagan-Howard, R., Flanagan, E., Tierney, K., & Egan, J. (2010). Profiles of adult survivors of severe sexual, physical and emotional institutional abuse in Ireland. *Child Abuse Review*, *19*(6), 387-404.

62. Flynn, G. M. (1983). *Nothing to Say*. Dublin. Ward River Press.

63. Freire, P. (1970). Cultural action and conscientization. *Harvard Educational Review*, *40*(3), 452-477.

64. Friedman, V. J. (2008). *Action science: Creating communities of inquiry in communities of practice*. Sage Publications.

65. Frieze, I. H., Hymer, S., & Greenberg, M. S. (1987). Describing the crime victim: Psychological reactions to victimisation. *Professional Psychology: Research and Practice*, *18*(4), 299.

66. Gaventa, J., & Cornwall, A. (2008). Power and knowledge. *The Sage handbook of action research: Participative inquiry and practice*, 172-189.

67. Gil, S. (2015). Is Secondary Traumatization a Negative Therapeutic Response? *Journal of Loss and Trauma*, 20(5), 410-416.

68. Gllligan, C. (2003). Constant crisis/permanent process: diminished agency and weak structures in the Northern Ireland peace process. *The Global Review of Ethnopolitics*, *3*(1), 22-37.

69. Glaser, B. G. (2002). Conceptualization: On Theory and Theorizing Using Grounded Theory. *International Journal of Qualitative Methods*, *1*(2).

70. Glaser, B. G. (2007). Constructivist grounded theory? *Historical Social Research/Historische Sozialforschung. Supplement*, 93-105.

71. Glaser, B. G. (2008). Conceptualization: On theory and theorizing using grounded theory. *International Journal of Qualitative Methods*, *1*(2), 23-38.

72. Glaser, B. G., & Holton, J. (2004, May). Remodeling grounded theory. In *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research* (Vol. 5, No. 2).

73. Glaser, B., & Strauss, A. (1967). The discovery grounded theory: strategies for qualitative inquiry. *Aldin, Chicago*.

74. Gibbons, D., Lichtenberg, P., & Van Beusekom, J. (1994). Working with victims: Being empathic helpers. *Clinical Social Work Journal*, *22*(2), 211-222.

75. Gibbons, S., Murphy, D., & Joseph, S. (2011). Countertransference and positive growth in social workers. *Journal of Social Work Practice*, *25*(1), 17-30.

76. Gitterman, A., & Miller, I. (1989). The Influence of the Organisation on Clinical Practice. *Clinical Social Work Journal,* 17(2), 151-164.

77. Greenwood, D. J., Whyte, W. F., & Harkavy, I. (1993). Participatory action research as a process and as a goal. *Human Relations*, *46*(2), 175-192.

78. Guilfoyle, M. (2005). From therapeutic power to resistance? Therapy and cultural hegemony. *Theory & Psychology*, *15*(1), 101-124.

79. Haaken J., & Schlaps A (1991). Incest Resolution Therapy and the objectification of Sexual Abuse. *Psychotherapy,* 28(1) 39-47.

80. Hallberg, L. R. (2006). The "core category" of grounded theory: Making constant comparisons*. International Journal of Qualitative Studies on Health and Wellbeing,* 1(3), 141-148.

81. Harrison, R. L., & Westwood, M. J. (2009). Preventing vicarious traumatization of mental health therapists: Identifying protective practices. *Psychotherapy: Theory, Research, Practice, Training*, *46*(2), 203.

82. Heron, J. (1992). *Feeling and personhood: Psychology in another key*. Sage.

83. Heron, J. (1996). *Co-operative inquiry: Research into the human condition*. Sage.

84. Heron, J. (1997). A self-generating practitioner community. *Implausible professions: Arguments for pluralism and autonomy in psychotherapy and counselling*, 241-254.

85. Heron, J., & Reason, P. (1997). A participatory inquiry paradigm. *Qualitative inquiry*, *3*(3), 274-294.

86. Heron, J., & Reason, P. (2001). The practice of co-operative inquiry: Research 'with' rather than 'on 'people. *Handbook of action research*, 144-154.

87. Howart, G., & Rock, P. (2000). Aftermath and the Construction of Victimisation: The Other Victims of Crime. *The Howard Journal*, 39(1) 58-77.

88. Hyatt-Burkhart, D. (2014). The experience of vicarious posttraumatic growth in mental health workers. *Journal of loss and trauma*, *19*(5), 452-461.

89. Iliffe, G., & Steed, L. G. (2000). Exploring the counsellor's experience of working with perpetrators and survivors of domestic violence. *Journal of interpersonal violence*, *15*(4), 393-412.

90. Jackson, A. M., & Deye, K. (2015). Aspects of abuse: consequences of childhood victimisation. *Current problems in pediatric and adolescent health care*, *45*(3), 86-93.

91. Janoff-Bulman, R., & Frieze, I. H. (1983). A theoretical perspective for understanding reactions to victimisation. *Journal of social issues*.

92. Jaspersen, A. F., Lalumière, M. L., & Seto, M. C. (2009). Sexual abuse history among adult sex offenders and non-sex offenders: A meta-analysis. *Child abuse & neglect*, *33*(3), 179-192.

93. Jessop, B. (2002). *The Future of the Capitalist State*. Polity.

94. Joseph, S., & Linley, P. A. (2006). Growth following adversity: Theoretical perspectives and implications for clinical practice. *Clinical psychology review*, *26*(8), 1041-1053.

95. Joseph, S. (2011). *What doesn't kill us: the new psychology of posttraumatic growth*. Basic Books.

96. Joseph, S (2015). *What doesn't kill us: New perspectives on psychological trauma and post-traumatic growth*. PSI and NIBPS Public Lecture Series. Castleroy Park Hotel, Limerick. 8th October 2015.

97. Kahn, L. (2006). The understanding and treatment of betrayal trauma as a traumatic experience of love. *Journal of Trauma Practice*, 5(3), 57-72.

98. Kampusch, N. (2010). *3,096 Days*. [Kindle version]. Retrieved from Amazon.Co.UK.

99. Kegan, R. (1994). *In over our heads: The mental demands of modern life*. Harvard University Press.

100. Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: a review and synthesis of recent empirical studies. *Psychological Bulletin*, *113*(1), 164.

101. Kurri, K., & Wahlström, J. (2001). Dialogical management of morality in domestic violence counselling. *Feminism & Psychology*, *11*(2), 187-208.

102. Lambie, I., & Johnston, E. (2015). "I Couldn't Do It to a Kid Knowing What It Did to Me" The Narratives of Male Sexual Abuse Victims' Resiliency to Sexually Offending. *International Journal of Offender Therapy and Comparative Criminology*, 0306624X14567664.

103. Leach, H., (2015). Silent Voices. *Healthcare Counselling and Psychotherapy Journal,* 15(2), 16-18.

104. Leigh, C. (2003). *The SENCS Report: Survivors' Experiences of the National Counselling Service for Adults who Experienced Childhood Abuse*. National Counselling Service.

105. Lemelin, H. (2006). Running to Stand Still: The Story of a Victim, a Survivor, a Wounded Healer- a Narrative of Male Sexual Abuse from the Inside. *Journal of Loss and Trauma,* 11(4), 337-350.

106. Lempert, L. B. (1996). Women's strategies for survival: Developing agency in abusive relationships. *Journal of family violence*, *11*(3), 269-289.

107. Ludema, J. D., Cooperrider, D. L., & Barrett, F. J. (2006). Appreciative inquiry: The power of the unconditional positive question. *Handbook of action research: The concise paperback edition*, 155-165.

108. Maslow, A. H. (1968). *The psychology of being*. Pacifica Tape Library.

109. Macmillan, R. (2001). Violence and the Life Course: The consequences of victimisation for personal and social development. *Annual Review of Sociology,* 27(1), 1-22.

110. Maniglio, R. (2009). The Impact of Child Sexual Abuse on health: A Systematic Review of Reviews. *Clinical Psychology Review*, 29(7), 647-657.

111. Marshall, J., & Reason, P. (1993). Adult Learning in Collaborative Action Research: Reflections on the supervision process. *Studies in Continuing Education*, *15*(2), 117132.

112. Marshall, J., & Reason, P. (2007). Quality in research as “taking an attitude of inquiry”. *Management Research News,* 30(5), 368-380.

113. McAlinden, A. M. (2014). Deconstructing Victim and Offender Identities in Discourses on Child Sexual Abuse Hierarchies, Blame and the Good/Evil Dialectic. *British Journal of Criminology*, 54(2), 180-198.

114. McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A contextual model for understanding the effects of trauma on helpers. *Journal of traumatic stress*, *3*(1), 131-149.

115. McEvoy, K. (2007). Beyond legalism: towards a thicker understanding of transitional justice. *Journal of Law and Society*, *34*(4), 411-440.

116. McGarry, R., & Walklate, S. (2015). *Victims: Trauma, Testimony and Justice*. Routledge.

117. McGee, H., Garavan, R., de Barra, M., Byrne, J., & Conroy, R. (2002). The SAVI report:
Sexual abuse and violence in Ireland.

118. McNiff, J., & Whitehead, J. (2010). *You and your action research project*. Routledge.

119. Menard, S. W. (2002). *Short and long-term consequences of adolescent victimisation*. US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

120. Meyer, J. (2000). Qualitative research in health care: Using qualitative methods in health related action research. BMJ: British Medical Journal, 320(7228), 178.

121. Microsoft Encarta Dictionary. Microsoft Office Enterprise 2007.
http:/Microsoft.com/office/

122. Miller, L. (1998). Our Own Medicine: Traumatised Psychotherapists and the stress of doing Therapy. *Psychotherapy,* 35 2) 137-146.

123. Mills, J., Bonner, A., & Francis, K. (2006). The development of constructivist grounded theory. *International Journal of Qualitative Methods*, *5*(1), 25-35.

124. Munro, I. & Randall, J. (2007). “I don’t know what I’m doing, how about you? Discourse and Identity in Practitioners Dealing with the Survivors of Childhood Sexual Abuse. *Organisation*, 14(6) 887-907.

125. Murtagh, M. P. (2010). The appropriate attribution technique (AAT): A new treatment technique for adult survivors of sexual abuse. *N Am J Psychol*, *12* (2), 313-
34.

126. Nasim, R., & Nadan, Y. (2013). Couples therapy with childhood sexual abuse survivors (CSA) and their partners: Establishing a context for witnessing. *Family process*, *52*(3), 368-377.

127. Naples, N. (2003). Deconstructing and Locating Survivor Discourse: Dynamics of Narrative, Empowerment, and Resistance for Survivors of Childhood Abuse. *Journal of Women and Culture in Society*, 28(4), 1151-1185.

128. National Counselling Service (2002). First Con-joint Report, Working together for change. The Irish Health Boards Executive. (HeBE).

129. National Counselling Service (2004). Second Report. Irish Health Boards Executive (HeBE).

130. National Counselling Service. Strategic Framework for Service Planning and Delivery 2009-2012. (2009) HSE. Dublin.

131. Nelson-Gardell, D. (2001). The voices of victims: Surviving child sexual abuse. *Child and Adolescent Social Work Journal*, *18*(6), 401-416.

132. Nissim-Sabat, M. (2009). *Neither victim nor survivor: Thinking toward a new humanity*. Lexington Books.

133. O'Reilly, G. & Carr, A. (1999). Child Sexual Abuse in Ireland: A synthesis of two surveys. *The Irish Journal of Psychology,* 20(1), 1-14.

134. O'Sullivan, E. & Raftery, M. (1999). *Suffer the Little Children. The Inside Story of Ireland's Industrial Schools.* New Island Books.

135. Panjabi, K. (2001) Sexual Violence and Mental health: Confronting the paradox of the "guilty victim". *Gender, Society and Mental Health.*

136. Pearlman, L. (1995). Vicarious Traumatization; An empirical Study of the Effects of Trauma Work on Trauma Therapists. Professional Psychology: Research and Practice, 26(6), 558-56-5

137. Pearlman, L. A., & Mac Ian, P. S. (1995). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional Psychology: Research and Practice*, *26*(6), 558.

138. McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of traumatic stress*, *3*(1), 131-149.

139. Pearlman, L., & Saakvitne, K. W. (1995). *Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors.* WW Norton & Co.

140. Peterson, C., & Seligman, M. E. (1983). Learned helplessness and victimisation. *Journal of Social Issues*, *39*(2), 103-116.

141. Proctor, B. (1997). Supervision for counsellors in organizations. *Handbook of Counselling in Organisations*. Sage.

Reason, P. (1994). Three approaches to participative inquiry. Retrieved from http://www.peterreason.eu/Papers/Three_approaches_participative_inquiry.pdf.

142. Reason, P. (1998a). Co-operative inquiry as a discipline of professional practice. Journal of Interprofessional Care, 12(4), 419-436.

143. Reason, P. (1998b). Political, epistemological, ecological and spiritual dimensions of participation. *Studies in cultures, organizations and societies*, *4*(2), 147-167.

144. Reason, P. (1999a). General Medical and Complementary Practitioners Working Together the Epistemological Demands of Collaboration*. The Journal of Applied Behavioural Science*, 35(1), 71-86.

145. Reason, P. (1999b). Integrating action and reflection through co-operative inquiry. *Management learning,* 30(2), 207-225.

146. R Reason, P. (2005). Living as part of the whole: the implications of participation. *Journal of Curriculum and Pedagogy,* 2(2), 35-4.

147. Reason, P. (2006). Choice and quality in action research practice. *Journal of management inquiry*, *15*(2), 187-203.

148. Reason, P., & Bradbury, H. (2001). *Handbook of action research: Participative inquiry and practice*. Sage.

149. Reason, P., & Bradbury, H. (2008). *The Handbook of Action Research*. (Kindle Edition) retrieved from amazo.co.uk.

150. Reason, P., Chase, H. D., Desser, A., Melhuish, C., Morrison, S., Peters, D., & Pietroni, P. C. (1992). Towards a clinical framework for collaboration between general and complementary practitioners: discussion paper. *Journal of the Royal Society of Medicine, 85(3), 161.*

151. Reason, P., & McArdle, K. L. (2004). Brief notes on the theory and practice of action research. *Understanding research, social policy, and practice*. Bristol, UK: Polity Press.

152. Reason, P., & Goodwin, B. (1999). Toward a Science of Qualities in Organizations: lessons from complexity theory and postmodern biology. *Concepts and Transformation*, 4(3), 281-317.

153. Reason, P., & Heron, J. (1999). A layperson's guide to co-operative inquiry. *Center for Action Research in Professional Practice. Peter Reason Published Papers*.

154. Reason, P., & Torbert, W. R. (2001). The action turn: Toward a transformational social science. Concepts and Transformation, 6(1), 1-37.

155. Reavy P., & Gough, B. (2000). Dis/Locating Blame: survivors' constructions of self and sexual abuse, *Sexualities.* 3(3), 325-346.

156. Richardson, C., & Wade, A. (2010). Islands of safety: restoring dignity in violence prevention work with Indigenous families. *First Peoples Child & Family Review*, *5*(1), 137-145.

157. Richardson, C., & Wade, A. (2013). Creating Islands of Safety; Contesting Failure to Protect and Mother-Blaming in Cases of Paternal Violence against Children and Mothers. In Strega, Krane, Lapierre, Richardson & Carlton (Eds.), *Failure to Protect; Moving Beyond Gendered Responses*. (pp. 146-186): Winnipeg, Manitoba; Fernwood.

158. Rock, P. (2002). On Becoming a Victim. *New Visions of Crime Victims*. Hart Publishing. 1-22.

159. Rogers, C. R. (1961). On becoming a person: A therapist's view of psychology.

160. Ryan, G. (1989). Victim to victimizer Rethinking victim treatment. *Journal of Interpersonal Violence*, *4*(3), 325-341.

161. Saakvitne, K. W., Gamble, S., Pearlman, L. A., & Lev, B. T. (2000). *Risking connection: A training curriculum for working with survivors of childhood abuse*. The Sidran Press.

162. Saakvitne, K. W. (2002). Shared trauma: The therapist's increased vulnerability. *Psychoanalytic dialogues*, *12*(3), 443-449.

163. Seeley, C., & Reason, P. (2008). Expressions of energy: An epistemology of presentational knowing. Knowing Differently: *Arts-Based & Collaborative Research Methods.* Nova Science Publishers, Inc, 25-46.

164. Sexton, L. (1999). Vicarious traumatisation of counsellors and effects on their workplaces. *British Journal of Guidance and Counselling*, *27*(3), 393-403.

165. Shea, C., & Bond, T. (1997). Ethical issues for counselling in organizations. *Handbook of counselling in organizations. London: Sage*, 187-205.

166. Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for information*, *22*(2), 63-75.

167. Smith, M. K. (2001). Chris Argyris: Theories of action, double loop learning and organizational learning. [WWW document]. *URL http://www. infed. org/thinkers/argyris. htm. Sited 4 March 2004*.

168. Sommer, C. A. (2008). Vicarious Traumatization, Trauma-Sensitive Supervision, and Counselor Preparation. *Counselor education and supervision*, *48*(1), 61-71.

169. Spinelli, E. (1997). The Interpreted World. Sage.

170. States of Fear (1999) Raftery, M. (Producer) Radio Telefís Eireann (Irish National TV) Prime Time Documentary.

171. Stern, D. B. (2012). Witnessing across time: Accessing the present from the past and the past from the present. *The Psychoanalytic quarterly*, *81*(1), 53-81.

172. Strauss, A., & Corbin, J. (1998). Basics of qualitative research: techniques and procedures for developing grounded theory. Sage Publications.

173. Strawderman, E. T., Rosen, K. H., & Coleman, J. (1997). Therapist heal thyself: Countertransference and the treatment of a battered woman. *Journal of Family Psychotherapy*, *8*(3), 35-50.

174. Strömwall, L. A., Alfredsson, H., & Landström, S. (2013). Blame attributions and rape: Effects of belief in a just world and relationship level. *Legal and Criminological Psychology*, *18*(2), 254-261.

175. Stubbs, J. (2007). Beyond apology? Domestic violence and critical questions for restorative justice. *Criminology and Criminal justice*, *7*(2), 169-187.

176. Sunderland, M. (2009, May). *Neuroscience and Childhood Trauma*. CONFER Seminar presented at Marino Conference Centre. Dublin.

177. Tedeschi, R. G., & Calhoun, L. G. (1995). *Trauma and transformation: Growing in the aftermath of suffering*. Sage Publications.

178. The National Counselling Service (2010) To a Life that shines; NCS ten years transforming the shadows. HSE. Dublin.

179. Todd, N., Wade, A., & Renoux, M. (2004). Coming to terms with violence and resistance. In Furthering Talk (pp. 145-161). Springer US.

180. Towler, J. (1997). Managing the counselling process in organisations .*Handbook of Counselling in Organisations, London: Sage*.

181. Tyler, K., Hoyt, D., Whitbeck, L., & Cauce, A. (2001). The Impact of Childhood Sexual Abuse on Later Sexual Victimisation among Runaway Youth. Journal of Research on Adolescence. 11(2), 151-176.

182. Wade, A. (1997). Small acts of Living: Everyday Resistance to Violence and other forms of oppression. Contemporary Family therapy, 19(1), 23-39.

183. Wakeford, T., & Singh, J. (2008). *Towards empowered participation: stories and reflections* (Vol. 58). IIED.

184. Walker, L. E. (1994). *Abused women and survivor therapy: A practical guide for the psychotherapist*. American Psychological Association.

185. Walker, M. (2004), Supervising Practitioners working with survivors of childhood abuse: countertransference, secondary traumatisation and terror. Psychodynamic Practice, 10(2) 173-193.

186. Walklate, S. (2007). *Imagining the Victim of Crime.* Open University Press.

187. Walklate, S., & Petrie, S. (2013). Witnessing the pain of suffering: Exploring the relationship between media representations, public understandings and policy responses to filicide-suicide. *Crime, Media, Culture*, *9*(3), 265-279.

188. Walton, M. (1997). Organisational Culture and its impact on Counselling. Handbook of Counselling in Organisations. Sage. 92-110.

189. White, G. W., Suchowierska, M., & Campbell, M. (2004). Developing and systematically implementing participatory action research. *Archives of Physical Medicine and Rehabilitation*, *85*, 3-12.

190. White M., & Epston, D. (1989). *Narrative Means to Therapeutic Ends*. WW Norton & Company.

191. Whyte, W. F., Greenwood, D. J., & Lazes, P. (1989). Participatory action research. *American Behavioural Scientist*, *32*(5), 513-551.

192. Wilson, J. P., & Lindy, J. D. (Eds.). (1994). *Countertransference in the treatment of PTSD*. Guilford Press.

193. Woodward, C., & Joseph, S. (2003). Positive change processes and post-traumatic growth in people who have experienced childhood abuse: Understanding vehicles of change. *Psychology and Psychotherapy: Theory, Research and Practice*, *76*(3), 267283.

194. Wurmser, L. (1994). *The mask of shame*. Northvale, NJ: Jason Aronson.

APPENDICES

A. Information for interested participants
B. Letter to participants outlining the set up meeting
C. Sample Transcript 1
D. Sample Research Notes
E. Flipchart notes from set up and evaluation (1-4)
F. Sample Evaluation transcript
G. Journal recordings (1-2)
H. Sample preliminary coding (1-3)
I. Sample developing memos
J. Intermediate conceptualisation
K. Final conceptualisation

APPENDIX A

The Research Topic and Methodology

Topic

The research proposes to study the victim aspect of the client as it presents in clinical practice. Victimisation is a given for clients who attend the NATIONAL COUNSELLING SERVICE, however how their victimisation presents and affects practice is seldom researched. This study aims to focus on the therapeutic interaction in order to understand more about victimisation, to explore the therapeutic response to the victim and discover a way of working therapeutically which is culturally and therapeutically appropriate.

Methodology

My chosen method is Action Research, specifically the co-operative inquiry method. This is a qualitative, group approach to researching which is interested in changing practice and developing new ideas in that process. Co-operative inquiry is a collaborative form of research wherein all participants take part in the decision making of each phase of the study. All participants act as both researchers and subjects and are called co-researchers.

The philosophy of this approach is democratic, no-oppressive, and holistic. It require openness, curiosity, respect and authenticity in approach to the inquiry. Co-researchers need to have an interest in the topic and desire to alter their current practice and feel comfortable working in a group context. An attitude of critical awareness is also important in order to help generate change in practice.

Generally co-operative inquiry groups meet over a period of time (months up to a year or beyond). Participation means committing to action between meetings and recording that action, then taking that to the research group for reflection. This process is frequently repeated in inquiry groups and is called cycling. The cycles in this group will be brief.

The commitment for this inquiry is 4 half day meetings which have been negotiated with the NATIONAL COUNSELLING SERVICE.

APPENDIX B

The First Meeting

The first meeting will be the set up meeting and will take place at the NATIONAL COUNSELLING SERVICE office on Ormonde Quay at 10.00 am on 25th July 2010.

The group will come together and initially discuss

1. Hopes and expectations from the research process
2. Agree the procedures for the group and boundary of confidentiality
3. Discuss and agree the research questions
4. Agree actions for next meeting

The first meeting will also begin the first phase of the inquiry examining the topic and discussing practice issues with victimisation.

Tea and coffee will be available.

APPENDIX C

Sample Transcript 1

S yeah so when yer part of this group you will probably be thinking about this in a new way
J yeah I hope so
S yeah ye don't know
J I I eh I I could be an imposter here
(laughter)
J {maybe not maybe we're all talking} about the same thing
C {yeah we're doing it differently}
J language {on it}
C {yeah} exactly
J it might be that language
S which'd make it even more interesting I think
J so I'm just putting my cards on the table (pause) {straight away}
S {yeah} great
J even when I got you're your information about it I I I didn't (pause) should I go at all I'll turn up anyway
(laughter)
J an' see whatever eh so that's kind'v how I feel
S great well that's great uuum I dunno C and F
C well **** mean I'm I'm not I'm not quite sure quite sure I I just felt maybe in preparation for this I found myself thinking the other day with somebody I did an initial with (pause) thinking about her afterwards an' thinking about (pause) it was hard for her to leave (pause) an' I found myself thinking and it was hard for me to encourage her to leave J to leave the session?
C yeah cause she wanted more she wanted more and I thought is th I thought (pause) this is something about the victim or how she feels victim of her own circumstances
S okay
C and I wouldn't have thought that way now without yeah I wouldn't have thought quite like that uuh (pause) wait'll I think about it now (pause) I'm not sure what I'm saying let me just discover just what I'm saying I suppose (pause) if I think about myself as a client for years and what I was talking about the various things I suppose I could'v thought myself a victim of the things I couldn't change (pause) and then discovered I could change
S okay
C so 'm beginning to think about it like that
S okay
C that there is a victim phase there has been a victim phase in my own life
S okay
C not about abuse but about other things yeah (pause) and maybe that was a necessary passage that's just now the thought that comes into my head to move from that to not being a victim

S 'cause I did 2 pilot interviews way back and C was one of the people I approached and somebody else from another service because I wanted to see what was coming out and at that time my memory is that you had never really thought of people really in those terms

C no

S and now already I can see your thinking about it slightly differently

C yeah yeah

S certainly in terms of yourself as well so {that's interesting}

C {that is interesting} yeah

S whether so whether it is a question of language is hard to know

C yeah

J uum cause what your saying there I'm not near

C I know yeah yeah

J yeah

S yeah

C yeah

S yeah F

F yeah I got the email Sandra passed on a nice email to us all in our service encouraging us all an' when I saw it I thought yeah because I'd been recently thinking about 2 clients of mine one who I have been working with a long long time (in breath) but in the past six months I have been thinking of her being stuck in a victim place uuuhm before I even got the email I was thinking about that an' another client who I have only started working with I've only started working recen well recently in the last propably 4 or 5 months an' and it's all about everything that other people have done to her uum not her being able to see that she is an adult and has some control ye know over her own life and her own destiny and that but it was more about the client that I'm working with long long time and I would never have only until the last 6 months been thinking of her as being stuck in a victim place

S uum that's really interesting

F an' it's nearly like she's afraid to let go of that because if she lets go of of her being a victim this horrendous trauma uum

Sample Transcript 2

S even some of my own things the they sounded interesting so that was a really positive experience talking to F an' I'm glad I did that (pause) but in relation to the victim stuff eeh I wanted to tell you and want you to feel free please to question me on this all of you (pause) I've been working with a client for 3 over three years now eh a male client who was I would say ss not just badly sexually abused but uum utterly seduced eroticised and he was I'm sure you've all had this experience he was a inda client who wasn't just eroticised and seduced but got so involved in the sexual abuse that he couldn't stop it with his abuser and he tells me latterly confided that he was 19 when it stopped and this was at a point when he was going to see his abuser for sex alright uuum telling me that latterly set him back right to the beginning of the therapy he began to fall apart ended up back with his psychiatrist bit suicidal again he's such a bastard ye know how could he do this

D the abuser or himself

S himself this is how he's feeling about himself

A what did you ask D sorry

D the abuser or himself and Sheila said himself

A oh yeah

S the shame that's he's actually now involved in this abusive relationship very much an' I said to him at one point yeah you went there because you were getting something out of this you went there for that and uum I think for the first time in three years he didn't come the next session I think he's missed about 2 sessions in 3 years but he missed after I said that to him so I felt really bad and said oh god did I have to say that right at this point when the guy is feeling so humiliated and is confiding his biggest secret ye know did I have to bloody go in with the two shoes 'n but this is this is part of who I am as a counsellor ye know

D sorry I don't understand Sheila de yee eh I'm not sure if you used the phrase blunder in and say what

S an' say yeah you went there and got you were getting {something out of this}

D {right right}

S that's why you went there

D yeah okay

S it was like grinding his face into it ye know

D okay it's funny I didn't hear it that way when you said that but

S did ye not well go on say what yer thinking

D eeh I think you're a bit like Anne did earlier about separating behaviour from the person your simply identifying the function

A um

S um

A yes

D it's like Stockholm syndrome isn't it's hard to understand at one level if you haven't experienced it how somebody could actually side with their abuser but in actual fact it's a way of surviving

Cors um

D an' plus if there happens to be something pleasurable in it you might actually use that so I just thought that as you pointing out the obvious

A {exactly it was} the fact that that

D it's a fact

A the case like

D so he could feel less ashamed rather than more ashamed

A yes

D that's how I heard it

Cors um yes

S okay an' I I take that on board I didn't feel that I felt it was a risky thing to say I felt it could be ye know

D misconstrued

S yeah as I'm blaming him he's blaming himself an' I'm really going right in there and making him face up to his responsibility and then he misses the next session so

D an' sorry was that what you felt when you said that

S just after I said it in the session

D no in terms of if you can identify was that your intention when you said that

S my intention wa I think was to uum (pause) I think help him get some understanding of wha why he was so involved in this relationship an' I think what I wanted to do was to open up the issue of him being eroticised that sexual abuse was an erotic experience for him an' he'd never said that an' I have been feeling that for a long time with him an' an' I just wanted to to be on the table I wanted it to be said.

APPENDIX D

SAMPLE RESEARCH NOTES

I's Notes.

9th August, 2010

Mary 73 year old, single lives alone, childhood in institution from infancy, siblings also institutionalized, youngest in her family, one brother still living, little contact.

Worked "in service" all her life. Feeling very used and abused. No sense of autonomy.

Described by therapist as 100% victim. First 3, 4 sessions plenty of space to tell story and "indulge" victimhood.

Note how tiring being the listener this is (for therapist).

Looking for some opening to look for a positive in the here and now, every day life. Enjoys radio,

25th Sept

Adopt approach of visualizing "victim" as 3rd person in the room. What needs to happen to take back "his" power, to squeeze "him"out?

See if some joyful bits can be expanded upon.

Hard work. Don't like this guy victim!!!

(1)

"Working with the Victim in therapy"

Following my first session with the research group I decided to consciously observe how I was dealing with this aspect of therapy and to work with the "victim" in a more aware way. I chose a particular client for this purpose.

Initially, on looking at how I had been working, I realised that I unconsciously accepted the victim into the session as a dysfunctional part of the client. I also began to realise that the client needs this acceptance of his dysfunctionality in order to trust the process and move forward. Any judgement may hinder progress and keep the client in the victim role.

I became aware that this particular client might be ready to accept the reality of his victimhood therefore I began to verbalise that aspect into our work. The merge appeared seamless as the client seemed to have already internalised some acceptance of this role in himself and how it affected his behaviour ie. Blaming others; not taking personal responsibility; complaining.

This change in how we had been working appeared to help the client to begin integrating this aspect of himself. However, this seems to be just the start of the real work that lies ahead. It seems that a lot more exploration of the victim role, and where that exploration leads to for the client, is needed. We have begun to look at a previously untold traumatic childhood experience and it's meaning for the client in the context of his development.

I will now be reviewing my clients work from a wider perspective and I appreciate how making unconscious processes conscious can initiate a new dimension to the therapy.

(2)

Working with the Victim in Therapy

I was looking forward to this fourth meeting of our research group but was also feeling a little apprehensive. I hadn't been present for the third meeting and I felt that it might be difficult to link in with the group. However, our group was rapidly becoming a safe and exciting place to be and I felt that there we were beginning to get a real sense of what it is like to focus on one perspective of therapeutic work, ie the victim.

I shared a little of what victimhood meant for me personally and felt supported in doing so as others also shared some of their experiences and there was a real sense of empathy. I was aware of just how productive it is to experience empathy, how it can deepen relationships, and how necessary it is that our clients experience this in their work with us.

Since I began working in this group, I have been more aware of the victim role in my work with clients and have been putting this awareness into practice with one particular client.. I have felt a deeper connection with my client and our work together has new meaning. In sharing my experience of this aspect of my work in the group I have begun to develop a broader perspective on what it is like to work with one particular aspect of the client and how doing so can bring a fresh perspective to our work.

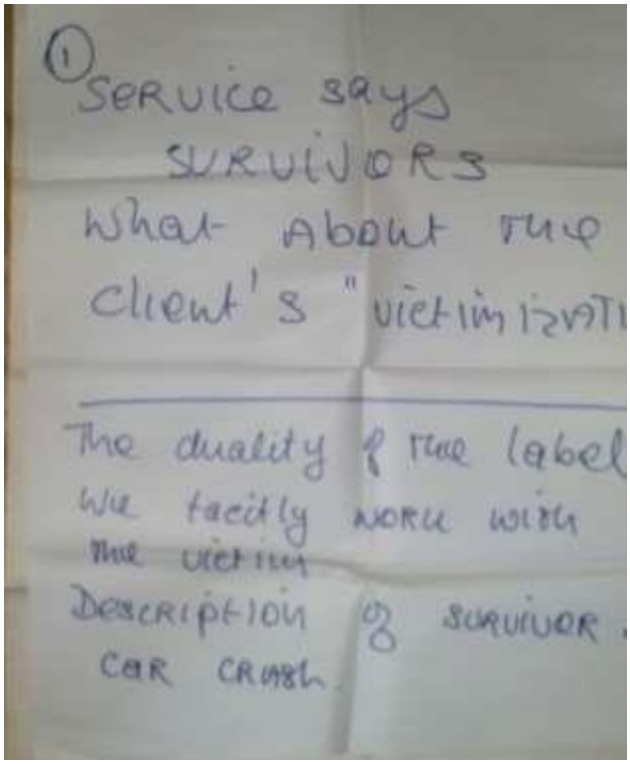
As a group, we had been feeling a little rudderless (my words but agreed by all). We felt that we needed to be "pointed in the right direction" by Sheila and we were putting pressure on her to guide us. We struggled with this need as we expressed our frustration and helplessness. However, Sheila was very definite that she did not want to contaminate our process with any intervention from her. She held firm to her resolve and our attempts to draw her into the process failed. This was a learning experience for me as I realise the need to exercise this strength in my work and to give my clients firm boundaries. Sheila recognises this strength in herself and in her work. This particular struggle perhaps brought further cohesion to the group and I felt the desire for this group to work further together. Group development feels exciting and challenging.

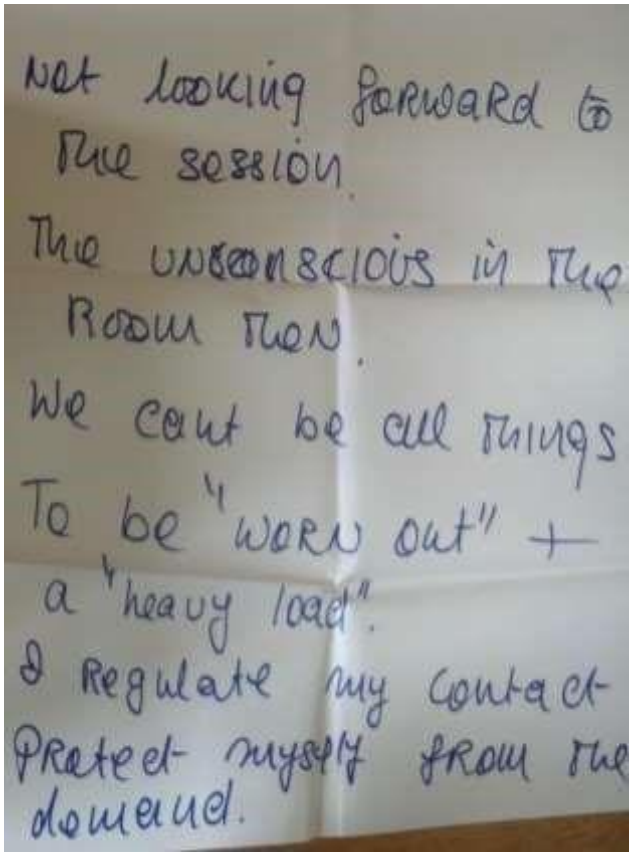
Some of the group needed to leave early but we continued with a brainstorming session to come up with a list of words which might reflect our earlier discussions. Some relevant words appeared and some useful insights gained. ..... ??

Sheila asked if we would like to continue with another one-to-one session at a later date. I was delighted to be asked as discussion brings development and also it meant not saying goodbye just yet!

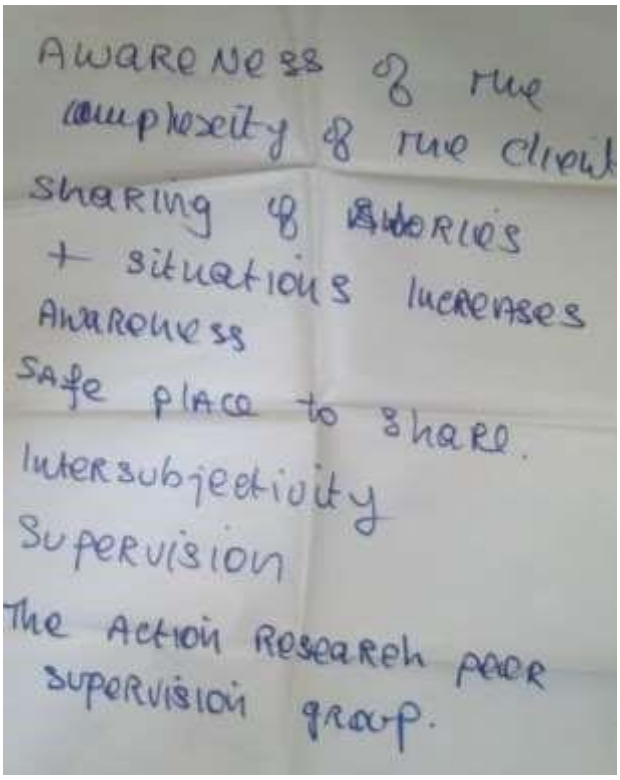
APPENDIX E

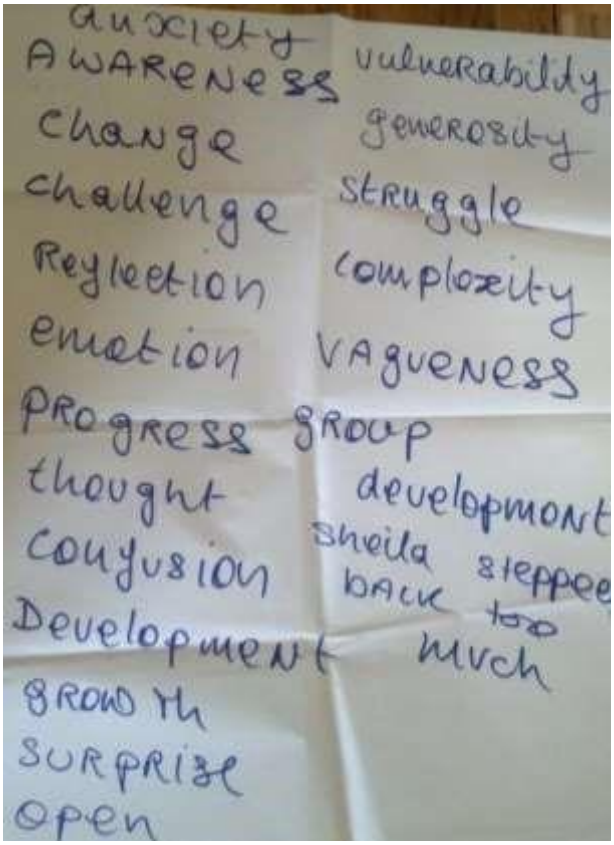
1 & 2 Set up Flip Chart Notes 2





3 & 4 Evaluation Flip chart notes





APPENDIX F

Sample Evaluation Transcript

J um yeah and also I had the sense that somehow or other to let her experience that she can share her joy with me or with somebody else and not lose her power if if if lord save us preserve us take care would I lose my victim because then you might expect things off me or ye might uh d'ye know that

S yes

J whereas to experience uuuuh the joy and share it

S yeah

J an' you can go back into the victim again now

S yeah

J afterwards

S yeah yeah that's a marvelous that's marvellous work youre doing what do you think Damian

D yeah I was just thinking as your were talking uum uum absolutely terrified of responsibility that even if in one area of her life she were able to step into that for a moment behind her is

a fear stopping her in case someone's liable to expect things of her

J yeah

D yeah absolutely to bring back clarity to to whats going on

J well I I was hoping that she will um unconsciously and eventually consciously that it's okay to share uuh in a joyous way something that she enjoys and she's able to go back into where and what she was before god forbid

S but it sounds to me like it is uum youre changing the some of her language or her mode of communication with one person

J exactly

S your'e altering that but that's not really altering her her personality or telling her how to be it's just having a different conversation with her and that it sound like that is good work I yeah it feels lighter for me

S yeah

J d'ye know what I mean and therefore ye know the transferring I'm hoping that will be communicated

S to her as well so she will feel lighter as well

D if you look at these things on a continuum it's not as if one of us never felt like a victim so it would be like saying you don't have to abandon this altogether sometimes you are without power and you cant be anything else but a victim in a sense right so

S yes

D so I suppose as opposed to be black and white I am a victim or I am not it could be contextual or but you can learn skills to maybe help you to feel less of a victim

S that's right

J it's almost like every week now there's a few minutes given over to 'cause she knows I don't listen to the radio 'cause I said that the first day I'm at work I don't hear often I'm sittin' in the car outside an' I have to go in and there's somethin' good on (laughs) or whatever ye know and share that with her ye know so it's almost like the good part of the session if you want to call it that where she's sharing this or she's bringing this 'cause I wouldn't have heard it

S that's lovely and the lightness for you your hope that when you're with her and there's joy and lightness in just being with you that somehow she will begin to feel that about herself

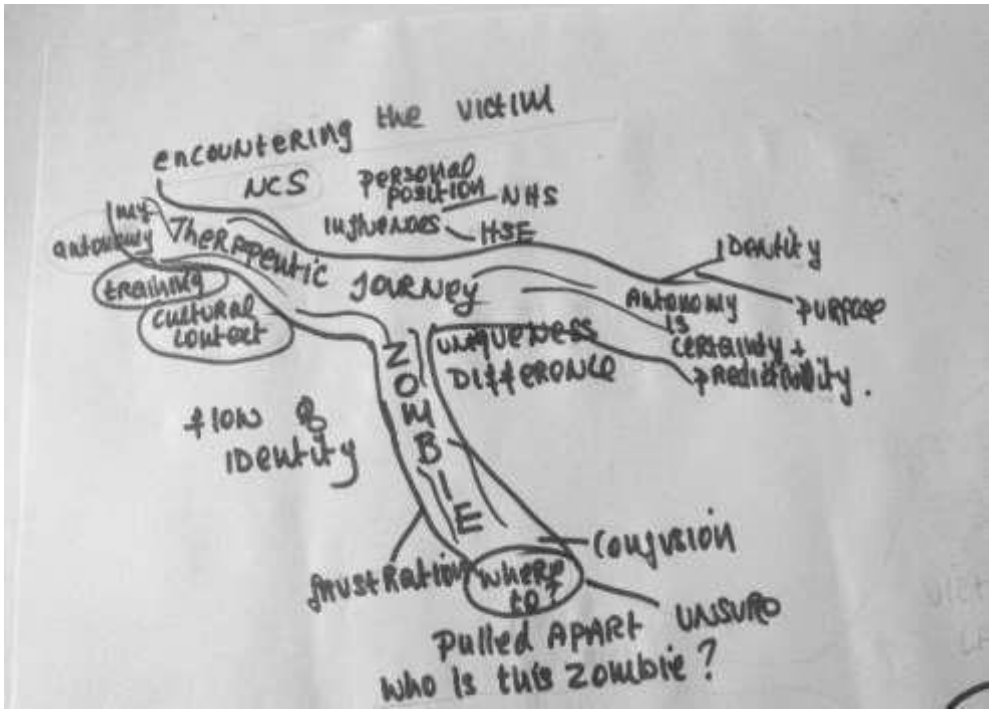
J well the the that there's huge possibility that it'll change our connectedness ye know change do you know what I mean.

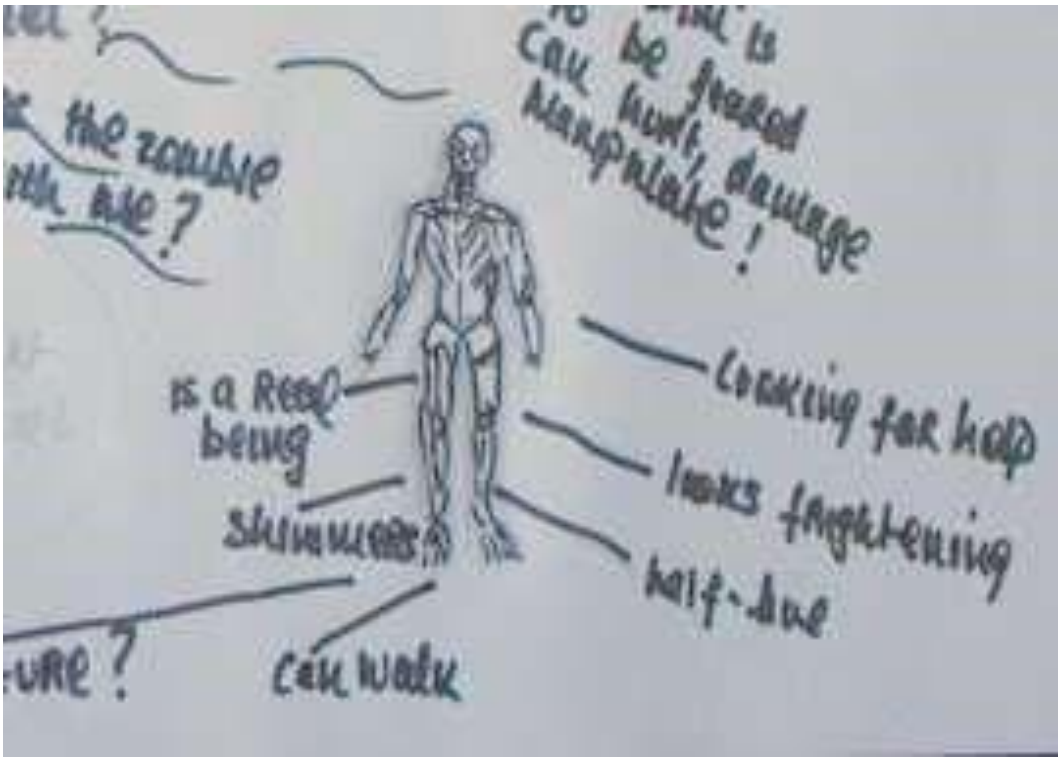
APPENDIX G

Journal Recordings

1 The Zombie Vision


what is visible?
LACK OF JUSTICE
The Walking dead
ZOMBIE
'THRILLER'
flesh eaters
a PRODUCT
Is the zombie the PRODUCT?
Therapy
for
responsibilize
fear
but what fear
fear


encountering the victim
NCS
personal position
NHS
HSE
Therapeutic journey
training
cultural context
Identity
Autonomy
purpose
is certainty + predictability.
uniqueness
difference
ZOMBIE
tion & identity
confusion
frustration
where to?
Pulled APART
UNSURE
who is this zombie?



2 Task Notes

Task 1

My work with K has taken off. My concentration has been on making the victim visible in our sessions. He open up and reflected on why he "goes into the victim". He was curious and it spurred me on to talk about how he was a victim in a specific situation.

It felt like such an automatic role for him. He remembered how psychodrame was helpful to him in the past so we did a role swap exercise. It really helped him in a way my interventions could not. He then told me a story about how he had behaved with his sister, this times he wasn't a victim.

There is acknowledgement and recognition of him taking up a victim role. This seems automatic almost and I am curious to understand why this is so and how it may be maintained. What is it supporting now and how can we enable him to take on a different demeanour?

I have so many more questions now.

Task 2

The victim pattern in the relationship.

With L the sessions are long because she is so dismissive of me. I feel like a nobody, unimportant. While recognising the mirroring, I am struggling with exasperation. The

pattern seems to be I struggle to cope with my anger and frustration, she talks over me, I assert myself and she flees in fear.

Today she fled when I stopped to challenge her about what she does when she feels criticised.
Her fleeing is a pattern almost as though she expects me to blame her, find fault, or criticise. Today my own struggle to maintain patience gave way to a robust intervention. I had a strong feeling of anger as I tried to discuss how victimised she feels but she was fleeing frome me as usual. I told her that she was fleeing into self pity. This stopped her in her tracks. We reflected.
I feel like the persecutor and I am trying to avoid that feeling and that realisation also. However, inevitably I often feel in that position with her.

Task 3

What has changed since the start

Today the theme of his self-importance with K. He talked about this aspect of himself. He is so focused on getting into this theme and understanding himself. He gets fleeting and flashes of insight which he can't hold onto. Am I witnessing neuron growth with him. The flashes of inspiration reflect neuron development and his ability now to think things through. Today he cut across me and wanted to push through a process and then he apologised for cutting across me. He had never done that before. Maybe he is beginning to feel like an equal here. The changes are big. I feel more confident with him the disequilibrium is easier for me. I feel better contained with the victim-self.

APPENDIX H

Line by line coding, focused coding, and preliminary categories. 1)

SAMPLE PRELIMINARY CODES AND CATEGORIES

WALKING A TIGHTROPE

VICTIM PAIN AND SUFFERING stuck no insight no voice self pitying lost direction
loss of hope repetitive story blame others stuck in a groove treading water staying afloat

COUNSELLOR FRUSTRATION/ANNOYANCE fixing teaching rescuing gender
worn out listening burdened dread engaged by the victim/rescue

Staying on the tightrope ***suspend action*** hope courage empathy an ethical attitude stages approach to the work wise to other influences take risks

Staying on the tightrope ***suspend struggle*** reflect on countertransference and it's meaning develop an intersubjectivity so you stay connected to the victim-self develop the art of ethical bystanding (bearing the suffering and empathising) practice standing on one leg (practice feeling vulnerable)

VICTIM CONSTANT STRUGGLE

Go to therapy talk about it try to get over it somatise mental illness act out distancing
lethargic move on

The gammy leg doing the niceties cover up colluding going through the motions hide and seek defensive head in the sand

COUNSELLOR FRUSTRATION /ANGER looking for the key to unlock strategies long term therapy dependency repelled by
the victim-self/repetition blaming the victim rationalising minding myself platitudes

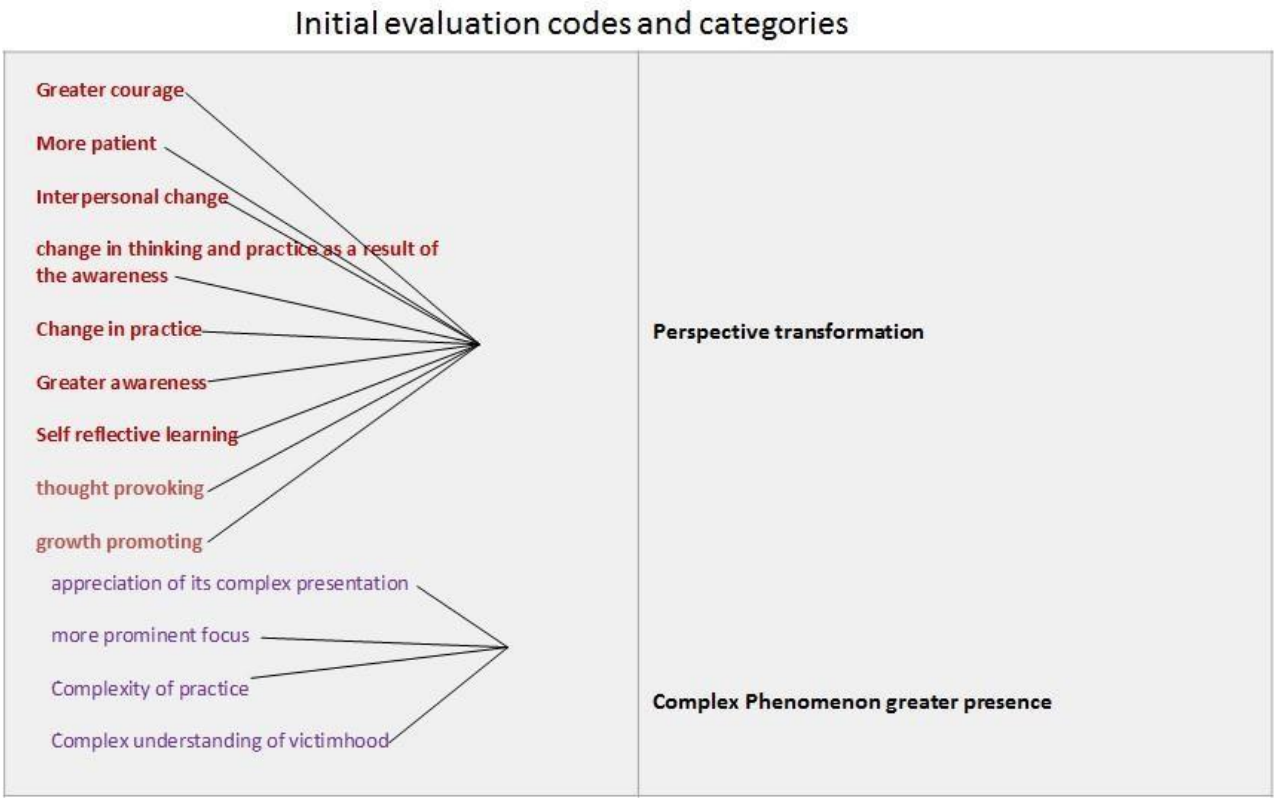
Stuckness
Stuck in a groove → Captive

Going nowhere
Fixing
Jumping in to rescue → Urgency of containment
Warrant for fixing

Witnessing
Relinquishing hegemony → Responsive containment

Grappling in the dark
Clutching at straws
Treading water
Running for cover → Struggle to connect

2)



Developing codes and categories

CODES	CATEGORIES
Stuckness Stuck in a groove Going nowhere	**Captive**
Fixing jumping in to rescue	**Urgency of containment** **Warrant for fixing**
Witnessing Relinquishing hegemony Grappling in the dark	**Responsive containment**
Clutching at straws Treading water Running for cover	**Struggle to connect**

3)

Unacknowledged suffering
Skeletal Character — Badge

Vital identity
No protection from victimization — Badge

Identifying wrongdoing
Denial of justice — Badge

Victim-self as a badge means that the client is trying to display something which is hidden/invisible to the world or even to himself. The badge is a symbol of unacknowledged suffering because the scars of victimhood are not visible on the body but perhaps are through interaction with the victim herself.
Perhaps then no one can understand the pain of such suffering. For so many clients their suffering was dismissed by their family and the wrong doing ignored or excused. Their plight was overlooked because they seemed physically okay.

Stuckness

Stuck in a groove

Captive

Going nowhere

Fixing

Jumping in to rescue — Urgency of containment

The warrant for fixing

Witnessing

Relinquishing hegemony — Responsive containment

Grappling in the dark

Clutching at straws

Treading water — struggle to connect

Running for cover

APPENDIX I

Developing memos to conceptualisation

The function of the badges

How to act morally when faced with such emotional pressure from the victim-self projecting limited agency and expecting an amoral response from the world. The victim-self is the damaged self suffering and attempting to negotiate a world perceived as unconcerned. (I's client, S's client) The purpose of the victim- is to repair the intersubjective response to need and vulnerability. (S's client, F's client)The victim-self gets stuck in that position because he sees the world as such. But the aim of the victim is to draw attention to the wrong/the suffering.

Therefore the badge is important. The badge displays to the other the frailty and draws the others attention to that frailty in order to invoke a response. (the gammy leg, the arm in a sling, etc) the The child's response for care and comfort. The world experienced as an uncaring container becomes caring when the victim receives the needed response form the other in the form of 'making allowances for' my deficit. (carry my bag, calling in an emergency, or the opposite i.e the niceities, diving for self reproach) This however is never done directly which only ignite the rejection of the other rather the victim-self is subtle and inventive. The only means of self preservation available to her is through wordless display and invoking guilt or sorrow in the other in order to achieve what has been deprived of her support, acknowledgement and comfort. The victim-self which has achieved some degree of personal autonomy might be the opposite to this (i.e aggressive, demanding, defensive, Alan, D's client, perhaps a socially acceptible autonomy and therefore gendered)

Q 3 Stuckness

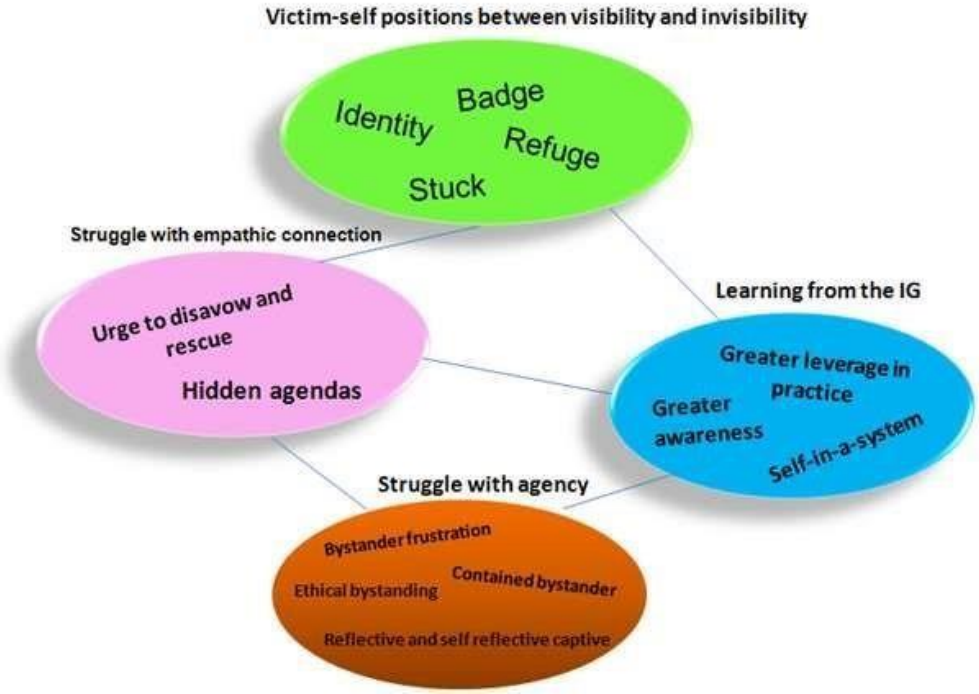
The experience of being stuck in a groove indicates an intersubjective position. The client herself keeps returning to the same position again and again no matter what is being explored. The therapist grows increasingly frustrated with a return to the same old place time and again. The sense of feeling stuck was something we all felt in relation to this work with the client. F talked about her work with one client in terms of the client being stuck in a victim place and the work being stuck.
'she keeps getting sucked into this place and it's nearly like she cant let go of being a victim'. F seems to be describing her client as unable to stay away a victim-scenario. Somehow there is a sense of returning to an earlier therapeutic position for F somewhere which she felt was worked through and is a regressive step. This is problematic for the therapist because they have been working together for some time. There is an expectation that the client has developed a way to move beyond and when F experiences the regression she reminds the client that she has moved beyond that position. So the therapist is compelled to 'remind' the client of progress made from that victim place but her efforts to rescue her from that place seem to fail and then F herself feels stuck.
'I've worked with this woman for a good few years and it's only in that last time that I just feel we're not we're stuck'.
Here F too experiences a therapeutic stuckness because her efforts to 'remind', 'nudge forward', fail and F too feel a stuckness and a kind of no-mans-land. This position forces F into a regressive position therapeutically where she wonders how effective she is:
'the fact that we'd lost maybe a lot of the really good work that she'd done'
'and that stuckness was was I was failing I did say that to her that I'd gone way back'
'and I have let her keep going and keep going and maybe I have enabled her to get sucked into the stories'.

Running for cover
In terms of connection running for cover demonstrates a defensive strategy which the therapist takes up in relation to the victim-self. Perhaps the victim-self tyranises through the demand for space within the interaction. C's story of 'being worn out over a cup of tea' F client who seeks attention and inconveniences her. There is a sense here of the needs of the other having no limits and the counsellor experiences this in terms of the boundaries. There is the idea of needing to disengage from the situation but being unable somehow. The victim-self of the counsellor triggered which feels the subjugation.
Connection then carries risks for the counsellor and infringes their personal time since not only are clients demanding but other people are experienced likewise who dominate with their own stuff. There is a heightened sense of being used as a container and little tolerance for this in personal life. The need to protect the self from similar or victim like experiences was an interesting thing. Almost as though there is no ability to be out of control in personal life as though there is not boundary between how I do therapy and how I do personal interactions. Or how to be a listening friend in personal life brings you back to the client work. This is inevitable but it becomes a chore and something to be avoided.

APPENDIX J

Intermediate Conceptualisation

Core Categories	Sub categories and Dimensions	Sub categories and Dimensions	Sub categories and Dimensions	Sub categories and Dimensions	Sub categories and Dimensions
Expressions of victimisation	Refuge A safe position from external demands Safety from internal conflict	Badge Highlighting injustice Drawing attention to suffering Eliciting care	Identity A way of operating in the world An object	Stuckness An existential experience	
Struggle with empathic connection	Stuck in a groove No direction No movement Futile	Agency Coping with powerlessness and heaviness	Hidden Agenda Control Organisational influence	Silencing No recognition Parallel process	Containing powerful emotions Urge to abandon Urge to rescue Urge to dissociate
Struggle with Agency	Bystander frustration Agency compromised Captive position	Contained bystander Agency suspended Responsive containment Butterfly affect	Ethical bystanding Agency engaged	Reflective captive Reflecting on agency Self awareness	
Learning from the IG	Complex construct The many facets of the victim-self Victim as dynamic entity	Deeper personal awareness Agency	Self-in –a-system Hidden practice and professional agendas	Practice as complex multilayered	



APPENDIX K

Final Conceptualisation